



FEDERAL MINISTRY OF HEALTH

NIGERIA

HIV TESTING SERVICES (HTS) TRAINING COURSE

TRAINERS' MANUAL

MAY 2017

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National AIDS and STIs Control Programme (NASCP)
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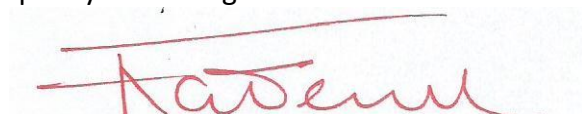
FOREWORD

The Federal Ministry of Health (FMOH) is dedicated to ensuring universal access to HIV prevention, treatment, care and support services for people living with HIV and AIDS. It remains committed to the attainment of the UNAIDS 90-90-90 goals through increased access to HIV Testing Services (HTS) and effective linkage to appropriate treatment, care and support services.

The Federal Ministry of Health in collaboration with all stakeholders developed the HTS training manuals (Trainee's, Trainers) in 2003. These manuals have been reviewed periodically to ensure standards and uniformity in the provision of high quality trainings to service providers on HTS across the country.

The National HTS Trainers Manual has been reviewed to align with National HTS guidelines and will be used in conjunction with the National HTS Trainees manual. The manual is designed to deliver technical training skills on HIV Testing Services to trainers. It provides trainers with detailed guidelines on how to conduct HTS training exercises.

I therefore recommend this HTS trainers manual to all stakeholders for effective capacity building of health workers to ensure the delivery of standardized high quality HTS in Nigeria.



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Honorable Minister of Health

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The Federal Ministry of Health wishes to extend its gratitude to all stakeholders who participated in the review of the HIV Testing Services (HTS) Trainers Manual. We acknowledge the technical contributions of the National Task Team on HTS, the National HTS Trainers, the National Agency for the Control of AIDS (NACA), Civil Society for HIV/AIDS in Nigeria (CiSHAN), Network of People Living with HIV and AIDS in Nigeria (NEPWHAN), and other stakeholders.

We particularly appreciate our development partners and their HIV Implementing partners for their support to the review process through their financial input and the technical contributions of their staff.

We also commend the staff of the National AIDS and STI Control program (NASCP) for effectively coordinating the review of this document.



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EXECUTIVE SUMMARY

HIV Testing Services (HTS) refers to the full range of services that should be provided together with HIV testing – counselling (pre-test information and post-test counselling); linkage to appropriate HIV prevention, treatment and care services and other clinical and support services; and coordination with laboratory services to support quality assurance and the delivery of correct results.

The effort of the government is focused towards achieving the UNAIDS 90-90-90 goals by 2020, which aims to ensure 90% of PLHIV know their status, 90% of those who know their status are receiving treatment, and 90% of those on treatment are virally suppressed. In order to break the chain of HIV transmission and reduce the impact of HIV in our country, substantial efforts must be made reach people who are not currently accessing testing, especially women, men, children, partners of people living with HIV, and key populations. Furthermore, we must make every effort to successfully link people living with HIV to care and treatment services, and to support PLHIV to adhere to their treatment regimens and achieve viral suppression. This can be achieved through the provision of quality HTS training to service providers who will be providing these services to in the community.

The Federal Ministry of Health in collaboration with development partners developed the HCT training manuals (Trainee's, Trainers) in 2003. These were first reviewed in 2006, 2011 and again in 2017. They are useful resource materials that ensure standards and uniformity in the provision of high quality trainings to service providers on HTS across the country. As the Federal Ministry of Health is scaling up HTS and other HIV services, the importance and the urgent need of these documents cannot be overemphasized.

The document is divided into six modules: (i) Current Trends and Basic Facts on HIV and AIDS (ii) General HIV Counseling Technique (iii) Care and Support (iv) Counseling in other Situations (v) Cross-Cutting Issues in HTS (vi) HIV Diagnostics

The reviewed trainers manual will be used in conjunction with the National Guidelines on HTS for the training of trainers on HTS to ensure effective and efficient service delivery at HTS centers. It has been designed to suit our socio-cultural circumstances and also provides national standards that must be adhered to, both at trainings and in the provision of high quality HTS services in the country.



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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
APIN	APIN Public Health Initiatives
ART	Antiretroviral Therapy
ARVs	Antiretroviral Drugs
CBCs	Community Based Counsellors
CBO	Community Based Organisation
CDC	Centres for Disease Control
CIHP	Center for Integrated Health Programme
CiSHAN	Civil Society on HIV/AIDS in Nigeria
CRH	Centre for the Rights to Health
CSP	Community Support Project
CT	Counselling and Testing
CHCT	Couples HIV Counselling and Testing
DOD	United States Department of Defense
DFID	Department For International Development (UK)
DNA	Deoxyribonucleic Acid
ELISA	Enzyme-linked Immunosorbent Assay
ENHANSE	Enabling HIV/AIDS and Social Sector Environment
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
FP	Family Planning
GHAIN	Global HIV/AIDS Initiative Nigeria
HAART	Highly Active Antiretroviral Therapy
HAD	HIV/AIDS Division
HCT	HIV Counselling and Testing
HTS	HIV Testing Services
HIV	Human Immunodeficiency Virus

IDUs	Injecting Drug Users
IEC	Information, Education and Communication
IHVN	Institute of Human Virology, Nigeria
ILO	International Labour Organisation
LACA	Local Government Action Committee on AIDS
KAPs	Key Affected Populations
MARPs	Most at Risk Populations
MCH	Maternal and Child Health
MSM	Men having Sex with Men
NBTS	National Blood Transfusion Service
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drugs Administration and Control
NASCP	National AIDS/STIs Control Programme
NEPWHAN	Network of People Living with HIV and AIDS in Nigeria
NGOs	Non-Governmental Organisations
NHMIS	National Health Management Information System
NNRIMS	Nigeria National Response Information Management System
NMOD	Nigerian Ministry Of Defence
NPHRL	National Public Health Reference Laboratory
NTT / HCT	National Task Team / HIV Counselling and Testing
Ois	Opportunistic Infections
PATHS	Partnership for Transforming Health Systems
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PHCC	Primary Health Care Coordinator
PICT	Provider Initiated Counselling and Testing
PLHIV	People Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
QA	Quality Assurance
SBFAF	Safe Blood for Africa Foundation
SACA	State Action Committee on AIDS
SFH	Society for Family Health

ENR	Expanding Nigeria's Response to HIV and AIDS
SOP	Standard Operation Procedure
STIs	Sexually Transmitted Infections
SWs	Sex Workers
SWAAN	Society For Women Against AIDS In Nigeria
TB	Tuberculosis
TOT	Training of Trainers
TTIs	Transfusion Transmissible Infections
TV	Television
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCR	Video Cassette Recorder
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

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- Monitoring and evaluation tools
- Supervised practical assessment
- Feedback from supervised practical assessment
- Blood safety and voluntary blood donation

INTRODUCTION

HIV Testing Services (HTS) are potentially beneficial in reducing the fear, anxiety, stigma, and sense of hopelessness associated with HIV Infection. Clients who know their sero-status, and have received specific counselling based on their test results, report an increased sense of hope and determination to face their situation and live their future lives with optimism.

A number of studies have shown that HTS has been useful in facilitating and sustaining behaviour change and that once the public has accepted HTS, a large number of clients would likely request HTS for social reasons such as pre-marital testing and future planning (The National Agency for the Control of AIDS (NACA) (2008); Kitali, Mahande, Mosha, Kessy Njau, & Mushi (2013). Odundo, Kioko, Muriithi, Odhiambo, & Mwanda (2014). However, such services must satisfy required standards of care to be effective and ethically sound. More human resources are urgently needed to be trained in order to cope with the ever increasing demand for counselling and testing to achieve universal access. The use of this manual ensures that such training is carried out in a standardized manner. This training manual is designed to equip service providers with knowledge, skills and attitudes needed to provide comprehensive HTS. The manual also addresses issues of counselling special groups like children and youths, couples as well as key populations (KPs).

Training Schedule

6-day Training for Community-based personnel/trainees

The training is divided into two phases:

- 1 - Core Skills Training (approximately 40 hours)
- 2 – Practical/Coaching (approximately 8 hours)

6-day Training for Facility-based Personnel/Trainees

The training is divided into two parts:

- Phase 1 - Core Skills Training (approximately 40 hours)
- Phase 2 – Practical/coaching (approximately 8 hours)

Phase 1 is divided into lesson plans as follows:

Themes/Topics:

- Introductory session including Self Introduction
- Developing Ground rules and Pre-course assessment

MODULE ONE: CURRENT TRENDS AND BASIC FACTS ON HIV/ AIDS/-

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MODULE TWO: GENERAL HIV COUNSELLING TECHNIQUES AND STRATEGIES

MODULE THREE: CARE AND SUPPORT

MODULE FOUR: COUNSELLING IN OTHER HTS SITUATIONS

MODULE FIVE: CROSS-CUTTING HTS ISSUES

MODULE SIX: HIV DIAGNOSTICS

The National Guidelines emphasize the importance of standardized training for subsequent provision of quality HTS. In line with the National Guidelines, individuals can be trained to become Counsellors at the following levels based on their educational background and experience:

1. Community HTS Counsellors

Basic Requirements:

First School Leaving Certificate and where possible Junior Secondary School Certificate

2. Basic HTS Counsellors

Basic Requirements:

A degree or Diploma in Education, Theology, Social Sciences, Counselling Psychology, Health Sciences, Nursing, Social Work, and any Health related field.

3. Supervisory HTS Counsellors

Basic requirements:

Basic HTS training and a minimum of 5 years counselling experience.

3-day Refresher Training Course for practicing HTS Counsellors

This component is based on needs assessment of the trainees at the discretion of the organization or Implementing Partner.

This Trainers' manual is essentially prepared for HTS Trainers

CORE COMPETENCIES

The training curriculum aims at building the following competencies among the trainees':

Sound knowledge on facts about HIV and AIDS

The HTS processes, which include:

Pre test information (risk assessment, test preparation, risk reduction plan and post test plan)

HIV Diagnostics (principles, procedures, processing)

Post test counseling (delivery of results and handling reactions, post test plan)

Referral and Linkages

Counsellor's self care

Number of Participants per Training

In order to ensure optimal learning and active interaction between participants and facilitators the number of participants per training should not exceed thirty (30).

Course Schedule:

For certification, basic facility-based HTS Counsellors must undergo ALL of the following:

a. A 6-day core training as follows:

3 -day theory and counselling skills building

2 -day HIV diagnostics

1 -day supervised practical counselling work (preferably in a counselling centre) and feed back

b. A 1 -month of post-training supportive supervision and coaching

Trainees are expected to carry out on-the-job counselling in their facilities after the training.

c. At the end of the 1-month hands-on practice, a one-day feedback meeting should be conducted. This will enable participants share their experiences including challenges during the period. An assessment will be done before certification.

Note

The HTS training course is tailored specifically to build your capacity to provide pre and post-test counselling services and conduct HIV diagnostics in accordance with the National HTS Guidelines. It does not equip you to deal with other complex HIV and AIDS counselling demands hence referral to other prevention, care and support services is a cornerstone to your successful and effective HTS service provision.

TRAINING GOAL

The goal is to build the capacity of trainees to provide quality HIV Testing Services (HTS) in accordance with the National HTS Guidelines.

TRAINING OBJECTIVES

At the end of the training, participants will be able to:

- Communicate accurate facts on HIV and AIDS in relation to HTS
- Define HTS
- Apply counselling skills

- Apply counsellor self care skills
- Display ability to use national HTS guidelines for service delivery
- Conduct HIV diagnostics

NOTE

This Trainers' manual should be used in conjunction with the Trainees' manual.

HOW TO USE THIS TRAINING MANUAL EFFECTIVELY

Facilitators using this manual should be trainers who are recognized by the Federal Ministry of Health/NASCP. These trainers should be aware of the current national policies, implementation guidelines and priorities in Nigeria, so that they can deliver accurate and current information to the participants. Facilitators should make possible participant-centered activities such as role plays and case studies that provide opportunities for participants to prepare for the real world of counselling. In addition, facilitators should adapt the sessions to reflect changing priorities in the delivery of HTS in Nigeria.

A minimum of three facilitators should work together to manage this training, for approximately 25 Counsellor -participants (30 is the maximum). Each facilitator should be familiar with the training sessions before the training, and divide responsibilities for facilitating each session. The facilitators will identify and bring in expert resources as needed. The facilitator's notes will be compiled, together with a list of the participants, as a training report to be presented to the implementing partner, funding agency or Ministry.

Ideally, the facilitators should review and memorize the activities for each session, and prepare flip charts and other visual aids the day before.

Instead of 'teaching' the group, the facilitators should use the manual to create opportunities for learning through discussion and group work, including role plays and case studies. To do so, the facilitators will need to:

- Explain the activities in each session to the participants and help them to do the activity properly.
- Facilitate group discussion, giving participants the opportunity to express their concerns, views and opinions.
- Ask participants what they have learned thus far and supplement additional learning points as needed.
- Summarize the key points from each session.

Learning methods

—

The learning methods used in the manual are designed for adult learners. In order to make the training programme interesting, a variety of methods have been presented to communicate different concepts. They include:

Brainstorming

This technique encourages active involvement from participants and builds on the knowledge and expertise of the participants. The facilitator's role is to encourage all participants to say the first things that come to their minds and to keep ideas flowing.

To brainstorm effectively:

The facilitator asks a question on a topic. The participants are asked to use their personal experience and opinions to respond with as many ideas as possible. Each idea is recorded on a flip chart as they are given. There is no discussion of individual items as they are posted. The goal of brainstorming is to generate ideas. Afterwards, the group analyzes the information given. Brainstorming is often an effective way to introduce a topic, gathering knowledge from participants. For example, as the introduction to a session on counselling ethics and principles, a facilitator might invite a group to "brainstorm" a list of characteristics of an effective counsellor.

Case Study

This technique encourages participants to analyze situations they might face and to decide how they would respond. This method encourages participants to think about problems, options and solutions to challenges they might experience.

To use case studies effectively:

The facilitator reads out a case study to describe a relevant situation or problem to be addressed. (The facilitator can also write the case studies on separate flip charts prior to the session.) Participants then work in small or large groups to discuss the situation. The facilitator should have relevant discussion questions prepared on a flipchart, and encourage groups to seek alternative solutions.

Role play

This technique encourages participants to practice skills acquired during the training. Role plays are a safe way to rehearse skills and activities and they provide good preparation for real life situations. They are particularly well suited for practicing counselling and other communication skills.

To do role plays effectively:

—

The role may be set up by the facilitator or participants may make up their own roles. The description of a role play can be given verbally or by handout. Participants act out role plays and those who are not acting are tasked to observe specific behaviours. The facilitator then generates discussion and analysis of what was seen or felt by the observing participants. The actors are asked to step out of their roles and are also given a chance to describe the role they were playing as well as what they were doing and how they felt during the role play. All participants should discuss the specific lessons from the role play and how the lessons can be applied to their own professional work.

Fish bowl

This technique provides a physical structure that allows participants on the 'outside' to see something being done on the 'inside'. Participants may observe a role play on an actual situation.

To use the fishbowl effectively:

The participants work in small groups. A small group performs the action or activity in front of the larger group. The larger group is asked to observe and give feedback to the group performing. The group observing should be seated around the group performing the action.

Lecturettes

This technique involves short forms of lecture which are used to highlight key points of content. They are different from traditional lectures because they often include interactions with participants – sometimes they even seem like a discussion. They are useful as introductions to topics. Lecturettes should not last more than 15 minutes.

To give lecturettes effectively:

Review or read through the information that you want to present. Write an outline of the key points that you want to cover. You may want to put a few key points on a flip chart to help you and the participants focus on the main points and the flow of the lecturette. Think about visual aids that you can use to help your presentation and prepare them in advance. Identify points where you can involve participants through questioning, discussion, or other activities. Practice and time your lecturettes to make sure that you have not prepared too little or too much. Remember, a lecturette is only effective if you are able to keep participants listening, involved and aware of the points you are trying to share.

Buzz Session or Small Group Discussions

This technique is a special type of small group that is used when participants need to discuss a topic, express opinions and reach consensus.

To do a buzz session effectively:

—

A participant or the facilitator introduces one main topic or question in the large group. The facilitator then divides the participants into smaller groups of three or four people. (Participants can be grouped where they are sitting into small clusters). Each participant then shares his or her view in the small group and it is recorded. Participants' views are then consolidated within small groups and shared with the large group. These should be done quickly and efficiently. The above-mentioned methodologies are not exhaustive. The trainers should feel free to adopt any other new methods as appropriate.

National 6-day HTS Training Agenda

Day 1:		
Time	Session	Presenter
8:00 - 8:15	<input type="checkbox"/> Registration	
8:15 – 8.40	<input type="checkbox"/> Welcome remarks <input type="checkbox"/> Introduction <input type="checkbox"/> Participants’ expectations <input type="checkbox"/> Setting of ground rules <input type="checkbox"/> House keeping <input type="checkbox"/> Objectives of the Training	
8:40 – 9:00	<input type="checkbox"/> Pre-Course assessment (Counselling Component)	
9:00– 10:30	<input type="checkbox"/> Current Trends and Basic Facts on HIV/AIDS and HIV/AIDS Epidemiology Globally and in Nigeria <input type="checkbox"/> Prevention of HIV transmission <input type="checkbox"/> Overview Of HTS	
10:30 – 11:00	TEA BREAK	
11:00 – 11:30	<input type="checkbox"/> Self Awareness, Values and Attitudes of a Counsellor and Discussing Sensitive Issues	
11:30 – 12.00	<input type="checkbox"/> Issues in HIV and AIDS Counselling	
12:00 – 12:30	<input type="checkbox"/> Stigma and Discrimination	
12:30 – 1.00 1:00 – 2:00	<input type="checkbox"/> Communication skills <input type="checkbox"/> Counseling Concepts, skills and processes/Role Play	
2:00 – 3:00	LUNCH	
3.00-.4:00	<input type="checkbox"/> Pre-test Information/Role Play	
4:00 – 5.00	<input type="checkbox"/> Post-test Counselling/Role Play	
5:00 – 5.10	TEA BREAK	
5.10-5:30	<input type="checkbox"/> End of the day evaluation	

Day 2:		
Time	Session	Presenter
8:00 - 8:30	<input type="checkbox"/> Recap of Day 1	
8:30 – 9:30	<input type="checkbox"/> Partner Notification Services	
9:30- –10:30	<input type="checkbox"/> Role plays (pre-test information, post-test counselling and partner notification)	
10:30- 11:00	TEA BREAK	
11:00 – 11.30	<input type="checkbox"/> Referral and Linkages	
11.30-1.30	<input type="checkbox"/> Care and Support <ul style="list-style-type: none"> • Positive Living <input type="checkbox"/> <ul style="list-style-type: none"> • Introduction to ART • Adherence Counseling • Home-based Care 	
1:30 -2:00	<input type="checkbox"/> Counseling in other Situations <ul style="list-style-type: none"> • PMTCT Context • 	
2:00 - 3:00	LUNCH BREAK	
3:00 – 5.00	<input type="checkbox"/> Counseling in other Situations Contd <input type="checkbox"/> STI Context <ul style="list-style-type: none"> • Group information giving • HIV counseling for Children <input type="checkbox"/> Adolescents and Young Persons	
5:00 – 5.10 -	TEA BREAK	
5:10 -5:30	<input type="checkbox"/> Wrap up, daily evaluation and closing	

Day 3:		
Time	Session	Presenter
8:00 - 8:30	<input type="checkbox"/> Recap of Day 2	
8:30 - 9:30	<input type="checkbox"/> Counseling in other Situations Contd <ul style="list-style-type: none"> • Couple HIV Counseling and testing <input type="checkbox"/> Counseling for Sexual Assault <ul style="list-style-type: none"> • 	
9.30 – 10.30	Role Play for Couple Counseling <ul style="list-style-type: none"> • 	
– 10:30 – 11.	<input type="checkbox"/> Tea break	
11.00 – 1.00	<input type="checkbox"/> Fundamentals of Counselling for key populations (KPs) <input type="checkbox"/> Value and value clarification in working with KPs <input type="checkbox"/> Sexuality and behavior <input type="checkbox"/> Targeted HTS intervention for KPs <input type="checkbox"/> Cross-cutting Issues in HTS	
1.0-2.30	Supportive Supervision t for <ul style="list-style-type: none"> • Counselors' Self-care and stress management • Ethics in HIV/AIDS Counseling 	
2:30 – 3:30	LUNCH BREAK	
3.30 4:30	<input type="checkbox"/> Cross-Cutting Issues Contd <ul style="list-style-type: none"> • Community Mobilization/Action Plan • Suicide Risk Assessment Management • Overview of National HTS guidelines 	
4:30 - 5:00	Post – course assessment (counseling component)	
5:00 – 5: 10	<input type="checkbox"/> TEA BREAK	
5:10- 5:30	<input type="checkbox"/> Wrap up <input type="checkbox"/> End of the day evaluation	

Day 4		
Time	Session	Presenter
8:00 - 8:30	<ul style="list-style-type: none"> Recap of Day 3 	
8:30 – 9:00	Pre – course assessment (Testing component)	
9.00 – 10.00	<ul style="list-style-type: none"> Overview of HIV Rapid Testing. 	
10.00 – 10.30	Activity on HIV Rapid Testing	
10.30 – 11.0	Tea break	
11.00 – 11.30	<p>Safety at HIV Testing Site – Safety exercise/activity (Safety – in – box)</p> <ul style="list-style-type: none"> Identification of safety supplies. 	
11:30 – 1.00	<ul style="list-style-type: none"> Overview of HIV Quality Assurance Quality Assurance activity. 	
1.00 – 2.00 -	<ul style="list-style-type: none"> HIV Rapid Testing Algorithm Job aids pasting activities 	
2:00 - 3:00	LUNCH	
3:00 – 4: 00	<ul style="list-style-type: none"> Specimen collection, Handling and storage 	
4:00 - 5: 00	<ul style="list-style-type: none"> Finger prick procedure and other blood collection procedures activities Activity 2 : Finger prick 	
4 5:00 – 5.10	TEA BREAK	
5:10 - 5 :30	<ul style="list-style-type: none"> Wrap up, Daily Evaluation and close 	

Day 5		
Time	Session	Presenter
8:00 – 8:30	<ul style="list-style-type: none"> Recap day 4 	
8:30 – 9.30 9.30 – 10.30	<ul style="list-style-type: none"> Overview of record keeping Group/Individual activity Logistics management and record keeping 	
10:30 - 11:00	TEA BREAK	
11- 12:00 12.00 – 1.00	<ul style="list-style-type: none"> Hands on practice 	
1:00 – 2.00	Hands on practice and feedback	
2.00- 3.00	LUNCH BREAK	
3:00 – 4:00	<p>Introduction to Dried Tube Specimen (DTS) - Reconstitution procedures and its application/usage</p> <ul style="list-style-type: none"> Quality Control and Quality Assurance (Proficiency Testing Program) 	
4.00 – 4.30	Professional Ethics	
4.30 – 5.00	<p>SPI-RT/M & E checklist. Site assessment for mentoring and site supervision using SPI-RT checklist</p>	
5:00 – 5.30	Post-course Assessment (Testing Component)	
5:50– 5:40	<ul style="list-style-type: none"> TEA BREAK 	
5:40 – 5.50	<ul style="list-style-type: none"> Wrap up End of the day evaluation 	

Day 6		
Time	Session	Presenter
8:00 – 8:30	☐ Recap of Day 5 / Tea Break	
8:30 - 9:00	Post course assessment (testing component)	
9.00 – 2.00	Field Trip	
	Field Trip Feedback and Experience Sharing	
2.00- 3.00	LUNCH BREAK	
3.00- 4.00	☐ Monitoring and Evaluation checklist.	
4.00-4.30	☐ Monitoring and Evaluation checklist.	
4.30: - 5.00	☐ Sharing of Assessment Scores /Questions / ☐ Comments	
5:00– 5:15	☐ TEA BREAK	
5:15- 5:30	☐ Wrap up ☐ Final Workshop Evaluation/Closing	

3-day HTS Refresher Training Agenda

Day 1:		
Time	Session	Presenter
8:00 - 8:15	<input type="checkbox"/> Registration	
8:15 – 8:35	<input type="checkbox"/> Welcome remarks <input type="checkbox"/> Introduction <input type="checkbox"/> Participants’ expectations <input type="checkbox"/> Setting of ground rules <input type="checkbox"/> House keeping	
8:35 – 8:55	<input type="checkbox"/> Pre-Course assessment	
8:55– 9:05	<input type="checkbox"/> Objectives of the Training	
9:05– 10:05	<input type="checkbox"/> Current trends on HIV and AIDS Epidemic Globally and in Nigeria <input type="checkbox"/> Prevention of HIV transmission <input type="checkbox"/> Update on HTS	
10:05 – 10:35	TEA BREAK	
10:35 – 11:35	<input type="checkbox"/> Case Study Experience Sharing: Pre-test Counselling <input type="checkbox"/> Role Plays	
11:35 – 12:35	<input type="checkbox"/> Case Study Experience Sharing: Post-test Counselling <input type="checkbox"/> Role Plays	
12:35 – 1.35	<input type="checkbox"/> Couple HIV Testing Services(CHTS)	
1:35 – 2:35	LUNCH	
2.35-.3:35	<input type="checkbox"/> Couple HIV Testing Services(CHTS)	
3:35 – 4.35	<input type="checkbox"/> Counselling for Sexual Assault	
4:35 – 5.15	<input type="checkbox"/> Role Play Sessions: Couple HIV Testing Services(CHTS) <input type="checkbox"/> Family Counselling For Patients with HIV/AIDS	
5.15-5:30	<input type="checkbox"/> TEA BREAK	

	<input type="checkbox"/> End of the day evaluation	
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Day 2:		
Time	Session	Presenter
8:00 - 8:30	<input type="checkbox"/> Recap of Day 1	
8:30 – 9:30	<input type="checkbox"/> Suicide Risk Assessment and Management for Patients with HIV/AIDS <input type="checkbox"/> Role plays	
9:30- –10:30	<input type="checkbox"/> Counselling for Most Affected Populations (MARPs) <input type="checkbox"/> The Purview of Counselling In HIV/AIDS Home-Based Care	
10:30- 10:45	TEA BREAK	
10:45 – 12.30	<input type="checkbox"/> Preparation for Testing	
12.30-1.30	<input type="checkbox"/> Steps to Perform the Finger-Prick Procedure	
1:30 -2:00	<input type="checkbox"/> Role Plays: Finger-Prick Procedure	
2:00 - 3:00	LUNCH BREAK	
3:00 – 3.30	<input type="checkbox"/> Case Study Experience Sharing: Pre-test and Post-test Testing Services Practice Role Plays of Individual Counselling	
3.30 – 4:30	<input type="checkbox"/> Case Study Experience Sharing: Pre-test and Post-test Testing Services Practice Role Plays of Individual Counselling	
4:30 – 5:00	<input type="checkbox"/> Safety Measures	
5:00 – 5.15 -	TEA BREAK	

5:15 -5:30	<input type="checkbox"/> Wrap up <input type="checkbox"/> End of the day evaluation	
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Day 3:		
Time	Session	Presenter
8:00 - 8:30	<input type="checkbox"/> Recap of Day 2	
8:30 to 10:15	<input type="checkbox"/> Case Study Experience Sharing: Pre-test and Post-test Testing Services Practice Role Plays of Couple Counselling	
10:00- 10:30	TEA BREAK	
10:30- 1:30	<input type="checkbox"/> Case Study Experience Sharing: Pre-test and Post-test Testing Services Practice Role Plays of Couple Counselling	
11:30 - 1:30	<input type="checkbox"/> Family Counselling For Patients with HIV/AIDS	
1:30 – 2:30	LUNCH BREAK	
2:30 – 4:30	<input type="checkbox"/> Updates on Monitoring and Evaluation	
4:30 – 5:00	<input type="checkbox"/> Course evaluation <input type="checkbox"/> Post–course test <input type="checkbox"/> Way forward	
5:00 – 5:15	TEA BREAK	
5:15- 5:30	<input type="checkbox"/> Wrap up <input type="checkbox"/> End of Training Evaluation	

NOTE: The topics for refresher agenda are subject to change based on trainees needs as identified by the organization.

TRAINING TIPS: QUICK REFERENCE FOR THE TRAINER.

Trainers may feel awkward teaching this course for the first time. To help the new trainer, the following tips and information are recommended.

1. Remain calm

When preparing to conduct training, a new trainer may feel a bit anxious and nervous. However, the following tips can help you manage your anxiety:

- Make every effort to ensure that the organizers have contacted the participants two weeks before the training.
- Organize your materials, (for example, slides, newsprints, overheads, etc.) several days, if not weeks before the training. Try not to leave tasks for the day before the training; prepare as much as you can ahead of time.
- It is advisable to set up the training room in semi-circular arrangement if possible. This will provide for a more comfortable learning environment, facilitate small group discussions and provide you with more flexibility when walking around during your presentations.
- Practice makes perfect! Pay special attention to your assigned activity and practice frequently before the training.
- Ensure that you arrange all training materials before the training. Use this time to place participant manuals and necessary items (for example, Note pads, paper, markers, etc.) in the folders / bags to be distributed during registration.
- Set up a registration desk on time.
- Personally welcome participants at the door as they come in.
- Training rooms may not always be available until the day of the training, in which case you prepare to arrive at least 1 ½ hours early to take care of any last minute changes or preparations and to get comfortable in your training environment.

2. Attend to ALL participants

Trainers need to make eye contact and pay attention to all participants during the training workshop. Move around gently while presenting for purposes of class control and confidence building.

3. Maintain high energy level

It is important, especially in the mornings and after lunch, to maintain a high level of energy, to help your participants go through the course work. Using energizers at intervals is helpful.

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4. Use of Sweets/Kolanuts

Placing sweets and kolanuts on the participant's tables is an effective way to keep trainees awake and alert.

5. Dealing with difficult participants

It is important to acknowledge to yourself, as the trainer, that there are often three types of participants - the prisoner, the vacationer and the learner.

The "Prisoner," for a variety of reasons, feels forced to be at the training. Attending this training is usually a job requirement or a recommendation from a superior. As a result, such participants feel they have no choice but to be at the training and may not appear motivated, may not volunteer and may not be your ally as you start this training.

The "Vacationer" wants to attend this training to get away from his or her daily activities, or chooses this training specifically for its location and what may occur outside the training venue (for example, relatives in the area, nice part of town or country, per diem, etc.).

The "Learner" is there to learn and is very eager to apply what will be learnt when he or she returns to his or her site. The learner is also eager to understand the usefulness of the contents and materials of the training.

Regardless of the dynamics of your participants, you will have to develop a relationship with all of them. Keeping in mind those participants may be a part of the training for a variety of reasons will help you understand their perspectives and handle any resistance accordingly.

6. Dealing with a difficult participant (outside the training room)

If any participant is disruptive or making it difficult for the rest of the participants to learn, first allow the other learners to manage the issue. . You will find that learners will often manage difficult or disruptive participants on their own. However, if participants don't do this, at your earliest convenience (during a break or lunch) tell the participant that he or she is being disruptive and refer to the ground rules and reinforce the importance of sticking to those rules.

Never reprimand your disruptive participant in front of the larger group. When training adults, it is important to "save their face" or they may become resentful and try to challenge you throughout the rest of the training.

7. Change the dynamics of the group by changing seating arrangements

If a participant is mostly disruptive to you, you can change the dynamics by changing the seating arrangements (when participants return from a break or lunch). You can make a general statement like: *"In order to help you all get acquainted with one another, you*

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need to change seats.” You can strategically seat the difficult participant(s) in the front row.

8. Dealing with side talks

Deal with side talks tactfully. Initially, try to avoid asking the participant(s) to be quiet in front of the large group. First try walking over to the table where the discussion is taking place and speak from that location. (Usually when the large group’s attention is focused on the location of a side talk, those people naturally want to stop talking). If you are standing next to someone who continues to talk, gently place your hands on the table and glance at him or her to indicate that you would like them to pay attention. This will usually work. However, if it doesn’t, at your first break or opportunity away from the large group, let the person know (if other participants have not done so) that their talking is interfering with the learning environment and process.

9. Dealing with initial resistance

This training may be a “new” type of training for some; be prepared for some resistance in the beginning, especially when introducing this protocol for the first time.

10. Prepare Newsprints/ flipcharts

Experienced trainers limit their use of colours like red, yellow, and certain shades of orange. These colours are sometimes difficult for all participants to see, especially those at the back of the training room and colour-blind people.

11. Use projectors effectively

When using projectors to display your presentation, it is important to remember to turn the machine off after your presentation. The white light and noise of the overhead can often be a distraction to participants. It should be turned off once participants have had time to write down any information in their manuals.

12. What is a “pregnant pause”?

In training, there is something called a “pregnant pause”; this is the pause between asking participants a question and receiving a response. Understand that participants process questions in different ways; trainers have to be comfortable with allowing silence and not “filling in the gaps” too soon by moving on or asking another question. There will be times when, no matter how long you allow the silence to continue, no one will comment. The take-home message here is to allow the silence for a moment and manage your own discomfort.

Materials and Advance Preparation

Familiarise yourself with the following: IT IS VERY IMPORTANT!!

Trainees' Manual

Trainers' Manual

National HTS Guidelines

Extra reading material to complement what is covered in class

You will need the following:

Flip charts

Name tags (one for each participant and trainer(s))

Markers (preferably in a variety of colours)

A watch (preferably one with a second hand)

Bottled water and glasses (for all participants)

Masking tape

Note pads and pens for participants

Prepared Newsprint/written flip chart:

Goal and Objectives

Blank Newsprint / flipchart titled "Expectations"

Blank Newsprint/ flipchart titled "Ground Rules"

Blank Newsprint / flip chart titled "Parking Lot"

Poster size HTS Protocol Components (if not available, prepare a flip chart). Post when participants go on break

Handout: Make adequate copies of the pre-course test questionnaire for participants

Overhead projector and screen

REMEMBER TO MAKE COPIES OF PRE AND POST COURSE TESTS AND EVALUATION FORMS FOR THE PARTICIPANTS.

LESSON PLAN 1

TOPIC: INTRODUCTORY SESSION

OBJECTIVES:

At the end of the session, participants would have:

- Filled in the registration form
- Introduced themselves
- Developed the ground rules
- Understood the course objectives
- Outlined their course expectations
- Taken the pre-course test.

TIME: 30 Minutes

MATERIALS:

Trainees' Manual, Attendance sheet, flip chart paper and stand, markers, masking tape projector, computer and pre -course test questionnaire.

PROCEDURE:

Activity	Time taken	Method
Welcome participants to the training and start by introducing yourself	3 mins	Discussion
Remind participants to fill in registration forms. (Participants are expected to have completed registration at the secretariat desk on entering meeting venue)		Writing
Refer participants to the Trainees' manual (participants' introduction page -) and invite them to do the introductions using the guides in the manual (Option A or B). Applaud each participant as they are introduced. Write all the shared expectations and display using flipchart.	2 mins	Discussion
Brainstorm the ground rules for the workshop and write		

<p>them on flipchart for display. At this juncture, you may also need to elect office bearers for the 10 days e.g. time keeper, chief whip, rapporteurs and others.</p>	4 mins	Discussion
<p>Using the slides, discuss the goals and objectives of the training.</p>	5 mins	
<p>If there are any housekeeping announcements, this can be made at this point. Allow participants to ask for any clarification.</p>	5 mins.	
<p>Explain the concept of pre course and post course tests then distribute pre course test questionnaires and ask each individual to answer the questions.</p>	5 mins.	Lecturette

NATIONAL HIV TESTING SERVICES TRAINING

Pre-Course Test (Counselling)

Name: _____ Date: _____

True or False? Circle the correct response: T for true; F for false

1. HIV weakens an infected person's immune system. (T) (F)
2. The only way someone can transmit HIV is through sexual intercourse. (T) (F)
3. Studies show that if used consistently and correctly, condoms greatly reduce the risk of HIV transmission. (T) (F)
4. A positive test result means an individual has AIDS. (T) (F)
5. Counsellors should give clients who receive a negative test result a handout on reducing risk. (T) (F)
6. Giving good advice is a key counselling skill. (T) (F)
7. The HIV ELISA test looks for HIV antibodies in the blood. (T) (F)
8. According to UNAIDS, most children born to HIV-infected women will be infected themselves. (T) (F)
9. Most HIV-positive babies become infected before birth. (T) (F)

10. Individuals, who have an STI, or a history of STIs, are at a greater risk for contracting HIV.
(T) (F)

AIDS or HIV? Circle one.

11. AIDS HIV can be transmitted from an infected person to another person?

12. AIDS HIV is a doctor's diagnosis, not a specific illness?

Short Answer/Fill in the Blank/Multiple Choice. For multiple choice questions, read the questions and circle the answer. "All of the above" means that all the responses are correct

13. The transmission of HIV through deep (French) kissing . . . (Circle one.)
a. Is not possible.
b. Is theoretically possible because saliva carries HIV.
c. Is only possible if HIV-infected blood is present; saliva does not transmit HIV.

14. At what point during sexual activity should a condom be put on? (Circle one.)
a. After pre-ejaculation fluid is visible.
b. Before genital contact.
c. Before insertion.
d. Immediately following ejaculation.

15. HIV is a ----- sexually transmitted infection.
a. Bacterial
b. Viral

16. Write the words represented by each letter of the acronym "AIDS."

A

I

D

S

17. Name the three major ways that HIV can be transmitted:
- a. _____
 - b. _____
 - c. _____
18. Write the words represented by each letter of “HIV.”
- H
- I
- V
19. Of the following list, circle the three that demonstrate good counseling skills because they encourage continued communication with the client.
- a. Ask “why” questions
 - b. Request clarification
 - c. Ask open-ended questions
 - d. Encourage speaker to continue
 - e. Give good advice
 - f. Provide information only
20. Which subgroups are referred to as Key Populations?
- (a).....
- (b).....
- (c).....

For multiple choice questions, read the questions and circle the answer. “All of the above” means that all the responses are correct.

21. HTS Counsellors should:
- a. Respond to all the needs of their clients in the counseling session even if it does not relate to HIV risk.
 - b. Focus on small incremental steps their clients can do to reduce HIV risk behavior.
 - c. Focus on providing information and knowledge about HIV and AIDS during the

—

counseling session.

d. All of the above.

22. In assessing a client's risk, a HTS counsellor should:

- a. Explore only the most recent risk behaviour.
- b. Enhance the client's perception of their risk behaviour.
- c. Discuss the client's level of acceptable risk behaviour.
- d. b & c above.

23. All risk reduction plans should include:

- a. Condom use with all sex partners.
- b. A comprehensive list of all agencies that they might need in the future.
- c. Risk reduction steps that the client agreed he or she could take to reduce risk.
- d. All of the above.

24. Benefits of the HIV rapid test include:

- a. Clients can get their results on the same day.
- b. The tests need to be done in a laboratory.
- c. Only one HIV test is needed to give an accurate HIV result.
- d. All of the above.

25. When providing an HIV positive result the counsellor should:

- a. Identify sources of support with the client.
- b. Negotiate disclosure and partner referral.
- c. Identify how to address the client's ability to cope with the result.
- d. All of the above.

26. Positive living consists of:

- a. Staying well and living longer.

-
- b. Obtaining support.
 - c. Medical care and follow-up.
 - d. Illness and suffering.
 - e. Isolating self from others.
 - f. All of the above.
 - g. a, b, and c only.

27. The following will increase the vulnerabilities of Key Populations to HIV infection?

- a. Stigmatization by healthcare workers?
- b. Denial of healthcare services?
- c. Increase access to HIV infection condoms and lubricants?
- d. Increased access to HTS services?

Read the following statements and determine whether they are true or false. Circle your answer.

- 28. When exploring options for reducing the client's risk-taking behaviors the counsellor should develop a risk-reduction plan.
True or False
- 29. A reduction in the HIV Prevalence among Key Population will lead to a reduction among the General Population?
True or False
- 30. During the orientation to the intervention, the counsellor makes sure that the client understands what it means to be tested for HIV and confirms that the client wants to be tested for HIV.
True or False

31. Before a client leaves the session, it is important to have helped the client identify a friend or relative to support them with the risk reduction steps.

True or False

32. Key Populations deserved to be reached with comprehensive HIV Prevention, Care and Treatment Services?

True or False

33. The counsellor should talk more than the client.

True or False

34. Most of the HTS session includes giving out information and completing the client data card.

True or False

35. When exploring options for reducing risk the counsellor works with the client to develop risk reduction skills through role-play and problem solving techniques.

True or False

36. The counselling session should be client-focused therefore the counsellor should tailor the session according to what the client wants to talk about.

True or False

37. When listening to the client the counsellor should organize the client's risk history, issues, and circumstances.

True or False

38. A counsellor should be observed by his/her supervisor at least once a year

True or False

39. An effective counsellor should have a university degree

True or False

40. An effective counsellor should have all knowledge of the national testing algorithm

True or False

Thank you for taking time to complete this test.

—

Pre/Post-Course Knowledge Assessment Form

(Trainers' Answer Key)

Name _____ Date _____

(All questions are worth 2.5 points each.)

True or False? Circle the correct response: T for true; F for false

1. **T F** HIV weakens an infected person's immune system. [True. This is how the virus works. The immune system becomes so destroyed that it can no longer fight off diseases that most healthy people can resist or control. These diseases are referred to as opportunistic infections.]
2. **T F** the only way someone can transmit HIV is through sexual intercourse. [False. HIV has several modes of transmission: sexual transmission from infected partner, mother-to-child transmission, through infected blood and blood products as well as infected sharps.]
3. **T F** Studies show that if used consistently and correctly, condoms greatly reduce the risk of HIV transmission. [True. This is why counselors should include condoms in risk reduction messages.]
4. **T F** A positive test result means an individual has AIDS. [False. A positive test t only means the individual tested positive for antibodies to HIV. He or she should consult with a doctor to determine the state of the infection.]
5. **T F** Counselors should give clients who receive a negative test result a handout on reducing risk. [False. Counselors should work with the client to create an individualized risk reduction plan.]
6. **T F** Giving good advice is a key counseling skill. [False. In a client-centered setting, the counselor listens and asks questions of the client to improve chances for behavior change.]

7. **T F** The HIV ELISA test looks for HIV antibodies in the blood. [True. The presence of antibodies in the blood tells us that the client's body is fighting HIV; therefore, he or she is infected.]
8. **T F** According to UNAIDS, most children born to HIV-infected women will be infected themselves. [False. The risk of mother-to-child transmission varies from one country to another, but it is generally assumed to be between 15 to 40 percent.]
9. **T F** Most HIV-positive babies become infected before birth. [False. Most become positive during delivery.]
10. **T F** Individuals, who have an STI, or a history of STIs, are at a greater risk for contracting HIV. [True. They may have sores that can increase their exposure to transmission. In addition, an STI may indicate that they or their partners have other partners, which also puts them at risk.]

11. AIDS or HIV? Circle one.

AIDS **HIV** Which can be transmitted from an infected person to another person? [HIV. AIDS cannot be transmitted. HIV is the virus that can be transmitted from one person to the next.]

12. **AIDS HIV** Which is a doctor's diagnosis, not a specific illness? [AIDS. AIDS is a diagnosis that is made when an infected person presents with a syndrome characteristic of severe immune depression. This is when many diseases and clinical problems attack the body because it cannot defend itself.]

Short Answer/Fill in the Blank/Multiple Choice

13. The transmission of HIV through deep (French) kissing . . . (Circle one.)

Is not possible.

Is theoretically possible because saliva carries HIV.

Is only possible if HIV-infected blood is present; saliva does not transmit HIV. [Correct answer]

14. At what point during sexual activity should a condom be put on? (Circle one.)

After pre-ejaculation fluid is visible.

Before genital contact. [Correct answer: Although it is unlikely that HIV can be transmitted by genital contact alone (vs. intercourse), other STIs, such as Chlamydia, can be. It is best to put a condom on as soon as the man has an erection and before insertion.]

—

Before insertion.
Immediately following ejaculation.

15. HIV is a -----sexually transmitted infection.
Bacterial
Viral [Correct answer: This is why it cannot be treated with antibiotics, whereas bacterial infections can be.]
16. Write the words represented by each letter of the acronym “AIDS.”
A [Acquired: The deficiency is neither innate nor hereditary.]
I [Immuno: Immunity, the capacity of the organism to defend itself against Disease and sickness.]
D [Deficiency: The weakening of the immune system.]
S [Syndrome: A collection of symptoms and signs.]
17. Name the four major ways that HIV can be transmitted:
[Sexual transmission]
[Mother-to-child transmission and transmission]
[Through infected blood and blood products]
[Through infected sharps and needles]
18. Write the words represented by each letter of “HIV.”
H [Human]
I [Immunodeficiency]
V [Virus]
19. Of the following list, circle the three that demonstrate good counseling skills because they encourage continued communication with the client. (We’ll discuss these skills more during training, but it is important to remember that we want to Build Trust, Explore and Understand the Client’s Situation, and Work Together to Determine Action.)
- a. Ask “why” questions
 - b. Request clarification [Correct answer]
 - c. Ask open-ended questions [Correct answer]
 - d. Encourage speaker to continue [Correct answer]
 - e. Give good advice
 - f. Provide information only
20. Read the following scenario and the possible responses that you could give the client. Check the response that you would use as part of a client-centered counseling approach.
A woman comes in because she is considering getting tested. Her husband told her that he has HIV AND AIDS, and she’s very upset. She is thinking of leaving her husband. She asks, “What am I supposed to do?”

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____ “You sound very upset. I’m glad that you came to the clinic. Let’s first talk about what happened with your husband.”

[Correct Answer: This response first reflects the client’s feelings, and then affirms the client’s decision to get tested, while understanding she has some emotional issues to explore. The other responses don’t involve the client right of- choice, which does not establish trust.]

____ “First, let’s take a test to see if you are infected with HIV.”

____ “You may have put yourself at risk for HIV. Let me tell you how HIV is transmitted.”

21. Counselors should:

b. Focus on small incremental steps their clients can do to reduce HIV risk behavior

22. In assessing a client’s risk, a counselor should:

d. B & C

23. All risk reduction plans should include:

c. Risk reduction steps that the client agreed he or she can take to reduce risk

24. Benefits of the HIV rapid test include:

Clients can get their results in the same day

25. When providing an HIV positive result the counselor should:

d. All of the above

26. Positive living consists of:

A, B, and C only

27. The following will increase the vulnerabilities of Key Populations to HIV infection?

a. ***Stigmatization by healthcare workers?***

b. Denial of healthcare services?

c. Increase access to HIV infection condoms and lubricants?

d. Increased access to HTS services?

True or False Questions

28. False

29. True

30. False

31. True

32. True

33. False

34. False

35. True

36. False

37. True

38. False

39. False

40. True

HIV DIAGNOSTICS PRE/POST-TEST

Name: _____ Date.....

1. Which of the following statement is true about antibodies?
 - A. A substance which is recognized as foreign by the immune system of the infected client
 - B. An agent often used to modify or augment the effects of a vaccine by stimulating the immune system to respond to the vaccine more vigorously
 - C. A substance produced by the client's immune system to recognize and to attack the foreign substance
 - D. None of the above

2. Which of the following rapid tests is an example of immunochromatography?
 - A. Multispot HIV 1/2
 - B. Insti
 - C. Determine
 - D. UniGold
 - E. C and D

3. Which is an advantage of using HIV rapid tests?
 - A. No equipment required
 - B. Minimum technical skill
 - C. Same-day diagnosis and counseling
 - D. Affordable
 - E. Robust and easy to use
 - F. All of the above

4. Which of the following item(s) is (are) essential for collecting blood from a fingerprick?
 - A. Lancets
 - B. Alcohol swab and gauze
 - C. Sharp containers
 - D. Gloves
 - E. Plaster
 - F. All of the above

-
5. Which of the following work habits minimize exposure to biological hazards?
- A. Changing gloves between each client
 - B. Decontaminating work areas
 - C. Disposing bloody gauze into regular trash
 - D. Disposing of infectious materials as biohazardous waste
 - E. A, B & D are all work habits to minimize exposure
6. What steps should you take to prevent or detect errors before testing?
- A. Mislabeling specimens and storing them incorrectly before testing
 - B. Check expiration date of test kits and reagents
 - C. Review testing procedures
 - D. Use expired test kits
 - E. B & D
 - F. B & C
7. Which factor is more likely to compromise the accuracy of HIV rapid testing?
- A. Testing quality control samples on a regular basis
 - B. Discarding a broken test tube found on the floor in the waste container designated for "sharps"
 - C. Checking the expiration date of the test kit prior to use
 - D. Recording a non-reactive result after 13 minutes, although the manufacturer requires the test to be read between 15-30 minutes
8. What information should be included on test result recording sheets?
- A. Date of test
 - B. Kit lot number and expiration date
 - C. Name of person performing the test
 - D. Test result
 - E. All of the above
9. Before releasing test results, one should:
- A. Make sure test results are recorded accurately
 - B. Implement corrective actions for when quality control specimens are invalid
 - C. Establish a review process to assure accurate results are being reported
 - D. All of the above

-
10. Which variable will NOT affect the accuracy of your results?
- A. The controls used in test runs
 - B. Reagents
 - C. Specimen storage
 - D. Result interpretation
 - E. Name of the specimen courier driver
11. Which is a benefit of regular use of quality control specimens?
- A. Monitors only a few parts of the testing system
 - B. It detects and increases testing errors
 - C. Detects gross problems with a new kit lot
 - D. Only helps when there is a supervisory audit
12. When should you test quality control samples?
- A. New delivery of test kits at testing site or pharmacy
 - B. When using a new lot number
 - C. Environmental conditions exceed the range needed for stability of kits
 - D. Once a month
 - E. A, B & C
 - F. All of the above
13. Which is the *first* thing you would do if there is no control line present, but the test line is reactive?
- A. Report the result as positive
 - B. Repeat the test using a new device
 - C. Check temperature records for storage and testing areas
 - D. Report the result as negative
 - E. Ask a co-worker to assist with the interpretation

For Questions 14-20:

How would you interpret the following rapid test results? Please indicate if the test result is reactive, non-reactive or invalid,



14. _____

15. _____

16. _____

17. _____



18. _____

19. _____

20. _____

-
21. If the results of Determine and UniGold are discordant, the next step in testing is:
- A. Use a third test to resolve the discordance
 - B. Collect urine sample for confirmatory testing
 - C. Repeat both tests and if the results are still discordant, refer patient to the clinic for further confirmation using ELISA testing
 - D. Ask client to come back in 4-6 weeks
 - E. No additional testing is needed
 - F. B and C
22. Before performing a rapid test, you must examine the test kit to make sure that...
- A. The test kit has not expired
 - B. The test kit has not been validated
 - C. The test kit has been stored appropriately according to manufacturer specifications
 - D. A and C
 - E. All of the above
23. Which of the following safety activities is your responsibility at the test site?
- A. Wash hands or use hand sanitizers before and after testing each patient
 - B. Dispose of contaminated sharps and waste immediately after testing
 - C. Immediately reporting problems to your site supervisor
 - D. All of the above
24. In order to make a 1/10 solution of bleach you need _____ bleach and _____ water.
- A. 2 parts; 5 parts
 - B. 9 parts; 1 part
 - C. 100%; 1%
 - D. 1 part; 9 parts

-
25. Which of the following statements about quality control specimens is INCORRECT?
- A. It is performed by external people during their on-site visit
 - B. The quality control material could have either been purchased commercially or made by your reference laboratory
 - C. Should be stored according to standard operating procedures to maintain sample integrity
 - D. It is performed at minimum once per week
26. Which of these terms is best described by the definition below:
- “A process by which specimens are randomly selected from the routine workload at a test site and sent to the reference laboratory for validation of results.”
- A. Quality control (QC) sample
 - B. Proficiency testing
 - C. On-site evaluation
 - D. Re-testing or external quality assessment (EQA)
27. Which of the following statement is true about dried tube specimens (DTS)?
- A. Used for rapid test and lab-based testing
 - B. Stable at room temperature
 - C. Can be used as quality controls
 - D. Easily transported and inexpensive
 - E. All of the above
28. What happens if the disposable pipette touches the inside of the tube while adding 7 drops of PT buffer to the DTS pellet?
- A. Nothing, the sample is ok
 - B. You have to use a new transfer pipette
 - C. Potential cross-contamination
 - D. B and C
 - E. None of the above

-
29. A standardized HTC register (or logbook) allows a test site to do the following?
- A. Identify problems within the site
 - B. Decrease testing services
 - C. Assess the validity of testing algorithm
 - D. Determine areas that need improvement
 - E. A, C and D
30. The acceptable concordance rate between two rapid tests is:
- A. Less than 98%
 - B. Equal to 95%
 - C. Greater than or equal to 98%
 - D. Less than 1%
 - E. None of the above
31. The concordance rate between two rapid tests is used to monitor the:
- A. Temperature conditions of a test kit
 - B. Performance of test operators
 - C. Invalid results overtime
 - D. Turnaround time when specimens are received and tested
 - E. B and C
32. Two tests are performed on the blood samples from a patient. The following results are obtained.
- Determine: Invalid, after repeating the test
 - UniGold: Reactive
- What is the HIV status of the patient?
- A. Positive
 - B. Negative
 - C. Invalid
 - D. Unable to determine status.

33. Which of the following statements is a breach of professional ethics?

- A. Given a parallel testing algorithm, reporting positive HIV status as result of performing one HIV rapid test.
- B. Taking a test kit from the workplace to test a relative at home
- C. Noting, the expiration date of a test kit after results have been reported
- D. All of the above

34. The SPI-RT checklist stands for:

- A. Stepwise process to improve the quality of rapid testing.
- B. Stepwise process for improving the quality of HIV rapid testing.
- C. Strengthening process to improve the accuracy of HIV rapid testing
- D. All of the above

HIV RAPID TESTING PRE/POST-TEST:

(Trainers' Answer Key)

Name: _____

1. Which of the following statement is true about antibodies?
 - E. A substance which is recognized as foreign by the immune system of the infected client
 - F. An agent often used to modify or augment the effects of a vaccine by stimulating the immune system to respond to the vaccine more vigorously
 - G. A substance produced by the client's immune system to recognize and to attack the foreign substance
 - H. None of the above

2. Which of the following rapid tests is an example of immunochromatography?
 - A. Multispot HIV 1/2
 - B. Insti
 - F. Determine
 - G. UniGold
 - H. C and D

3. Which is an advantage of using HIV rapid tests?
 - G. No equipment required
 - H. Minimum technical skill
 - I. Same-day diagnosis and counseling
 - J. Affordable
 - K. Robust and easy to use
 - L. All of the above

4. Which of the following item(s) is (are) essential for collecting blood from a fingerprick
 - A. Lancets
 - B. Alcohol swab and gauze
 - C. Sharp containers
 - D. Gloves

- E. Plaster
- F. All of the above

5. Which of the following work habits minimize exposure to biological hazards?

- A. Changing gloves between each client
- B. Decontaminating work areas
- C. Disposing bloody gauze into regular trash
- D. Disposing of infectious materials as biohazardous waste
- E. A, B & D are all work habits to minimize exposure

6. What steps should you take to prevent or detect errors before testing?

- A. Mislabeling specimens and storing them incorrectly before testing
- B. Check expiration date of test kits and reagents
- C. Review testing procedures
- D. Use expired test kits
- E. B & D
- F. B & C

7. Which factor is more likely to compromise the accuracy of HIV rapid testing?

- A. Testing quality control samples on a regular basis
- B. Discarding a broken test tube found on the floor in the waste container designated for "sharps"
- C. Checking the expiration date of the test kit prior to use
- D. Recording a non-reactive result after 13 minutes, although the manufacturer requires the test to be read between 15-30 minutes

8. What information should be included on test result recording sheets?

- A. Date of test
- B. Kit lot number and expiration date
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10. Which variable will NOT affect the accuracy of your results?

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- D. Report the result as negative
- E. Ask a co-worker to assist with the interpretation

For Questions 14-20:

How would you interpret the following rapid test results? Please indicate if the test result is reactive, non-reactive or invalid,



14. ___NR___



15. ___R___



16. ___INV___



17. ___R___



18. ___R___

19. ___NR___

20. ___INV___

21. If the results of Determine and UniGold are discordant, the next step in testing is:

- A. Use a third test to resolve the discordance
- B. Collect urine sample for confirmatory testing
- C. Repeat both tests and if the results are still discordant, refer patient to the clinic for further confirmation using ELISA testing
- D. Ask client to come back in 4-6 weeks
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D. Turnaround time when specimens are received and tested

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32. Three tests are performed on the blood samples from a patient. The following results are obtained.

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What is the HIV status of the patient?

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MODULE ONE: CURRENT TRENDS AND BASIC FACT ON HIV AND AIDS

SESSION 1:

TOPIC: BASIC FACTS ON HIV AND AIDS HIV AND EPIDEMIOLOGY GLOBALLY AND IN NIGERIA

OBJECTIVES:

At the end of the session, participants will be able to:

- Discuss the HIV and AIDS globally and in Nigeria.
- Describe the impact of the epidemic
- Identify the factors driving the epidemic
- Definition of HIV/AIDS
- Explain differences between HIV/AIDS
- Explain transmission and non- transmission modes

TIME: 40 Minutes

MATERIALS:

Trainees' manual, flip chart paper and stand, markers, masking tape, projector, power point slides, computer & public address system.

PROCEDURE:

Activity	Time Allotted	Method
1. Introduce yourself and state the objectives of the session	2 mins	Presentation
2. Ask participants what they know of the past/current situation of HIV and AIDS globally and in Nigeria	5 mins	Brainstorming
3. Ask participants to share their experiences on the impact of HIV and AIDS in their localities/sectors	5mins	Brainstorming, discussion
4. Divide participants into groups to discuss the factors driving or helping to reduce the HIV and AIDS pandemic		Group work
5. Ask participants to reconvene for feedback from group work exercise	5 mins	Plenary/presentation, discussion

6. Ask participants to define HIV and AIDS and give the characteristics of HIV and AIDS. Write their responses on the flip chart.	5 mins	Discussion
7. Ask participants to explain the differences between HIV and AIDS. Provide additional information.	2 mins	Brainstorming
8. Ask participants to write at least 5 common myths about HIV and AIDS. Clarify these myths.	3 mins	Brainstorming
9. Summarize the session	4 mins	Discussion
REFER PARTICIPANTS TO TRAINEES' MANUAL AND OTHER DOCUMENTS FOR FURTHER INFORMATION		

SESSION 2:

TOPIC: PREVENTION OF HIV TRANSMISSION

OBJECTIVES:

At the end of this session, participants will be able to:

- Explain the different preventive measures
- Demonstrate correct use of condoms
- Explain dual protection
- Demonstrate the ability to counsel for HIV prevention

TIME: 30 Minutes

MATERIALS:

Trainers' manual, Condoms, Penile and Vaginal models, Flip chart, Markers, masking tape, Power point slides, projector and, Computer and public address system.

PROCEDURE:

Activity	Time Allotted	Method
1.Introduce yourself and state the objectives of the session.	1 min	Presentation
2. Ask participants what they know about ways of preventing HIV and AIDS. Write these down on the flip chart	3 mins	Brainstorming and Discussion
3. Clarify and provide additional information on ways of preventing HIV transmission.	4 mins	Lecturette/Discussion
4. Ask participants to volunteer and demonstrate the steps in the use of a male condom and make corrections	5 mins	Demonstration Questions and Answers
5. Ask participants to volunteer and demonstrate correct use of a female condom and make corrections		Demonstration

6. Discuss the barriers to condom use.	5 mins	Questions and Answers
7. Ask participants to identify challenges that may hinder their ability to counsel clients for prevention including condom use.	5 mins	Brainstorming and discussion
8. Summarize the session	3 mins	Brainstorming and Discussions
	2 mins	Lecturette/Discussion

MODULE TWO: GENERAL HIV COUNSELLING TECHNIQUES AND STRATEGIES

SESSION 1

TOPIC: OVERVIEW OF HIV TESTING SERVICES (HTS)

OBJECTIVES:

At the end of this session, participants will be able to:

- Define HTS
- Explain the key elements of HTS
- Discuss the benefits and challenges of HTS
- Identify models of HTS delivery in Nigeria

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides, overhead projector, computer and public address system

PROCEDURE:

Activity	Time Allotted	Method
1.State the objectives of the session.	5 mins	Presentation
2. Ask the participants what they understand by HTS and the components of HTS. Using the prepared slides give the definition and explain the components.	5 mins	Brainstorming, Lecturette/discussion
3. Refer participants to the trainees' manual on benefits of HTS.	5 mins	Exercise
4. Using the prepared slides, explain the challenges of HTS.	5 mins	Lecturette
5. Using the slides, explain the different models of HTS in Nigeria	10 mins	Lecturette
6. Allow participants to ask questions and clarify issues.	10 mins	Discussion
7. Summarise the session	5 mins	Discussion

SESSION 2:

TOPIC: SELF AWARENESS, VALUES AND ATTITUDES OF A COUNSELLOR AND DISCUSSING SENSITIVE ISSUES

OBJECTIVES:

At the end of this session, participants will be able to:

- Appreciate oneself including one's own knowledge, attitudes and opinion
- Explain the concepts: Sex; Sexuality; Sexual Health
- Develop strategies for self-awareness

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tapes, power point slides, projector and computer and public address system.

PROCEDURE:

Activity	Time Allotted	Method
1.State the objectives of the session	5 mins	Presentation
2. Ask participants what they understand by Self-awareness. Write their responses on flipchart. Discuss their answers and give the correct definition.	5 mins	Brainstorming, Lecturette/ Discussion
3. Using prepared slides present Johari window	10 mins	Lecturette/Discussion
4. Ask them why it is important for counsellors to have a high level of self-awareness.	5 mins	Discussion
5. Using prepared slides present benefits of self-awareness	5 mins	Lecturette
6. Ask on the strategies of developing self-awareness and using slides, present strategies		Lecturette/Discussion

of developing self-awareness	5 mins	
7. Divide class into 2 groups and give them exercise 1 on talking about sensitive issues and exercise 2 on desensitization exercises	15 mins	Exercise/ Discussion
8. Using prepared slides, present models of service delivery	5 mins	Questions and answers
9 Give the participants opportunity to ask questions.	5 min	Lecturette
9. Summarise the session		Discussion

SESSION 3

TOPIC: ISSUES IN HIV AND AIDS COUNSELLING

OBJECTIVES:

At the end of this session, participants will be able to:

- Discuss the various issues in HIV and AIDS counselling from the cultural, client and counsellor perspectives
- Describe clients' reactions to HIV infection

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides, projector, computer and public address system.

PROCEDURE:

Activity	Time Allotted	Method
1. Ask participants to mention cultural issues and beliefs about illnesses and death that can influence HIV and AIDS counselling and why they are important. Record their responses on flip chart.	10 mins	Brainstorming Discussion
2. Ask participants to mention some Counsellor-related factors that can affect HTS, record responses on flip chart.	5 mins	Brainstorming Discussion
3. Using the slides refer the participants to the box on "factors affecting the severity of the client's psychosocial state" in the Trainees' manual	10 mins	Lecturette
4. Allow participants to ask questions	5 mins	Discussion
5. Summarise the session by emphasising the important facts.	3 mins	Discussion
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION		

SESSION 4

TOPIC: STIGMA AND DISCRIMINATION

Objectives

By the end of this session participants should be able to:

- Define the terms “stigma” and “discrimination” in HIV and AIDS.
- Describe the types of stigma
- Explain the causes or determinants of stigma and discrimination
- Explain the manifestation of stigma and discrimination at different levels.
- Identify ways of reducing stigma and discrimination

TIME: 30 minutes

MATERIALS:

Trainers’ manual, flip chart, markers, masking tape, power point slides, projector and computer.public address system

PROCEDURE:

ACTIVITY	TIME ALLOTTED	METHOD
1.Ask participants for their understanding of stigma and discrimination.	5 mins	Brainstorming, Discussion
2. Use the prepared slides/flip charts to describe the types of stigma and discrimination.	15 mins	Lecturette
3.Allow for questions from participants.	5 mins	Discussion
4.Summarise the session by highlighting key issues on stigma and discrimination	5 mins	
REFER PARTICIPANTS TO THE TRAINEES’ MANUAL FOR FURTHER INFORMATION		

SESSION 5

TOPIC: COMMUNICATION SKILLS

OBJECTIVES:

At the end of this session, participants will be able to:

- Define what communication is.
- Describe communication skills and types
- Role play communication skills
- Effectively demonstrate communication skills in counselling using role play.

TIME: 300 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides, projector and computer.public address system.

PROCEDURE:

Activity	Time Allotted	Method
1. Ask participants to define communication	2mins	Brainstorming
2. Ask participants to enumerate different ways of communicating. Write responses on flipchart and discuss.	10 mins	Lecturette/Discussion
3. Emphasise other communication skills that Counsellors need to help them better understand clients and their problems.	5 mins	Discussion
4. Ask participants to list useful communication skills for a counsellor and help them to complete the list if necessary.	5 mins	Brainstorming
5. Ask participants to role-play some of the skills (e.g. body language, listening, questioning – open and close-ended).	20 mins	Role play
6. Ask for feedback from participants on the role play and provide necessary input	13 mins	Discussion
7. Summarise the session and encourage participants to practise more.	5 mins	

SESSION 6

LESSON PLAN

TOPIC: COUNSELLING CONCEPTS, SKILLS AND PROCESSES

OBJECTIVES:

At the end of this session, participants will be able to:

- Describe counselling concepts, skills and processes
- Demonstrate skills required for effective counselling

TIME: 1 Hour

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides, projector and computer.public address system.

PROCEDURE:

Activity	Time Allotted	Method
1. Ask participants to list the skills a counsellor should possess. Write their responses on the flipchart.	2 mins	Brainstorming
2. Emphasize other counselling skills required by Counsellors to help them better understand clients and their concerns.	8 mins	Lecturette
3. Ask the participants to explain each skill and help them with explanations.	12 mins	Lecturette/Discussion
4. Ask participants to role-play some of the skills (e.g. attending skills, listening, questioning – open and close-ended).	15 mins	Lecturette/Discussion
5. Ask for feedback from participants.	20 mins	Role play
6. Summarise the session. Encourage participants to practise more.	5 mins	Discussion
REFER TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION		

SESSION 7

TOPIC:PRE-TEST INFORMATION

OBJECTIVES

At the end of this session, participants will be able to:

- Define pre-test information giving and explain its purpose
- Discuss clients risk of HIV infection
- Ensure that any decision to take the test is fully informed and voluntary
- Prepare the client for any type of result, whether negative or positive

TIME: 60 minutes

MATERIAL:

Trainers' manual, flip chart, markers, masking tape, power point slides, projector computer.and public address system.

PROCEDURE:

Activity	Time Allotted	Method
1.State the objectives	2mins	Presentation
2.Check participants' understanding of pre-test information and why it is conducted	5 mins	Brainstorming, discussion
3. Using the prepared slides, discuss the steps that a Counsellor should follow when conducting pre-test information giving: <ul style="list-style-type: none">• the benefits of HTS• the meaning of an HIV-positive and HIV-negative test results, including need for re-testing to verify an HIV-positive diagnosis• the services available in case of an HIV-positive diagnosis, including where ART is provided• the potential for incorrect results if a person already on ART is tested• a brief description of prevention options and	20 mins	Lecturette/Discussion

<p>encouragement of partner or couples testing</p> <ul style="list-style-type: none"> • an explanation that test result and information shared by client is confidential • the client's right to refuse to be tested, and explanation that declining testing will not affect the client's access to HIV-related services or other medical care • the potential risks of testing to the client • an opportunity to ask the provider questions <p>5. Summarise the session</p>		
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SESSION 8

TOPIC: POST-TEST COUNSELLING

OBJECTIVES:

At the end of the session participants will be able to:

- Inform clients of their test results and interpret same accurately
- Handle reactions of clients on receiving HIV test results
- Discuss ways in which clients can be empowered to engage in risk reduction behaviours
- Discuss positive living
- Refer and follow up clients appropriately

TIME: 1 Hour

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides, projector, computer and public address system.

PROCEDURE:

Activity	Time Allotted	Method
1. State the objectives of the session.	2 mins	Lecturette
2. Ask the participants their understanding of post-test counselling and its purpose.	5 mins	Brainstorming, discussion
3. Explain the different outcomes of test results (Negative or Positive)	8 mins	Discussion and Brainstorming
4. Giving results: Using power point slides/flip charts, discuss the steps in giving negative results, focusing on the following: <ul style="list-style-type: none">• Provide HIV negative result• Handle reactions	10 mins	Lecturette/Discussion

<ul style="list-style-type: none"> • Discuss window period • Develop risk reduction plan • Identify support for risk reduction plan • Negotiate disclosure and offer partner notification services. • Provide family planning information and other referrals. <p>5. Using power point slides/flip chart, discuss the steps in giving positive results, focusing on the following:</p> <ul style="list-style-type: none"> • Giving result and allowing time for reaction • Dealing with the reactions • Identifying sources of support • Negotiating disclosure to partner / relative • Partner referral • Addressing risk reduction issues • Provide family planning information • Discuss “positive living” • Review risk reduction plan • Discuss referral for treatment and support and refer for other needed services • Discuss availability of ongoing counseling <p>6. Ask participants to break into groups of three and role-play a situation of post-test counselling. One of the participants would assume the role of the client, another the counsellor and the third would be an observer.</p> <p>7. Allow participants to ask questions</p> <p>8. Summarise and refer participants to the box of the Trainees manual on some emotions that might need to be dealt with following a positive test result.</p> <p>REFER PARTICIPANTS TO TRAINEES’ MANUAL FOR FURTHER INFORMATION</p>	<p>10 mins</p>	<p>Lecturette/discussion</p>
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SESSION: 9

TOPIC: PARTNER NOTIFICATION SERVICES

OBJECTIVES:

At the end of this session, participants will be able to:

- Explain what disclosure means
- List possible issues one may want to disclose and to whom
- Understand the advantages and disadvantages of disclosure and non-disclosure
- Explain the barriers to disclosure
- Explain the factors influencing the disclosure process and the challenges of disclosure
- Understand what is PNS
- Itemize the benefits of PNS
- Explain PNS approaches
- Support clients to choose partner notification methods for their partner(s)

TIME: 1 hrs

MATERIALS:

Trainers' manual, flip chart, markers, power point slides, masking tape projector, sample referral forms, computer and public address system.

DISCLOSURE SHOULD STILL BE INCLUDED AS WELL AS PNS

PROCEDURE:

Activity	Time Allotted	Method
1. Introduce yourself and state the objectives of the session	2 mins	Discussion
2. Ask participants what they understand by disclosure?. Write their responses on the flipchart. Discuss their answers and make clarifications.	5 mins	Brainstorming, discussion
3. Ask participants to list the forms of disclosure. Record responses on the flip chart.	5 mins	

4. Ask participants - what are the advantages disadvantages and barriers of disclosure? Record responses on the flip chart.	20 mins	Brainstorming, discussion
5. Ask participants to define partner notification services, its goal and explain the approaches to partner notification services. Record their responses on the flip chart. Provide additional all information on passive and assisted approaches	15 mins	Brainstorming, discussion
6. Provide explanations on when PNS can be offered	15 mins	
7. Brainstorm on possible social harm from Partner notification and address such barriers to clients.	3 mins	Lecturette/ Discussion
8. Brainstorm barriers to PNS for-providers, index clients and partners of index clients.	3 mins	
9. Two participants to role play Disclosure and Partner Notification		Exercise/Discussion
10. Allow questions from participants		
11. Summarise the session and emphasise on cross referrals within facilities, referrals to external resources and the need for follow ups		Discussion
REFER PARTICIPANTS TO TRAINEES' MANUAL.		

SESSION 10

TOPIC: REFERRAL AND LINKAGES

OBJECTIVES:

At the end of this session, participants will be able to:

- Explain the concepts of Referral and linkages
- Enumerate services available for client referral
- Examine referral outcomes Discuss expected outcomes following referral
- Discuss interaction between referrals and linkages.

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, power point slides, masking tape projector, sample referral forms, computer and public address system.

PROCEDURE:

Activity	Time Allotted	Method
1. Introduce yourself and state the objectives of the session	2 mins	Discussion
2. Ask participants what they understand by, referrals. Write their responses on the flipchart. Discuss the answers and make clarifications and list the types of HIV/AIDS referral Services.	5 mins	Brainstorming, discussion
3. Ask participants to discuss reasons why a client may need referral. Record responses on the flip chart.	5 mins	Brainstorming, discussion
4. Ask participants the best ways to identify clients' follow-up and referral needs.	5 mins	

<p>5. Ask participants to list and explain the processes and elements of a successful and good referral.. Record their responses on the flip chart and Provide additional information while discussing challenges in HTS Refferals.</p> <p>Ask participants what they understand by, Linkages. Write their responses on the flipchart. Discuss the answers and make clarifications</p> <p>6.Ask participants to list and explain importance of linkages, types, benefits , barriers to effective linkages and elements of effective linking. Record their responses on the flip chart. Provide additional information.</p> <p>7.Allow participants to practice use of the referral forms and provide comments.</p> <p>8. Allow questions from participants</p> <p>9. Summarise the session and emphasise on cross referrals within facilities, referrals to external resources and the need for follow ups</p> <p>REFER PARTICIPANTS TO TRAINEES' MANUAL AND EMPHASISE THE IMPORTANCE OF MAKING REFERRALS.</p>	<p>5 mins</p> <p>2 mins</p> <p>5 mins</p> <p>2mins</p>	<p>Brainstorming, discussion</p> <p>Lecturette/ Discussion</p> <p>Exercise/Discussion</p> <p>Discussion</p>
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MODULE THREE: CARE AND SUPPORT

SESSION 1

TOPIC: POSITIVE LIVING

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

- Explain positive living
- List and discuss positive living strategies
- Empower clients with knowledge and skills to live positively with HIV and AIDS

TIME: 30 minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system.

PROCEDURE:

ACTIVITY	Time Allotted	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants for their understanding of positive living.	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the key elements of positive living.	15 mins	Lecturette
4. Allow for questions from participants	5 mins	Discussion
5. Summarize the session by highlighting key issues on positive living	3 mins	Lecturette
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION		

SESSION 2:

TOPIC: INTRODUCTION TO ANTIRETROVIRAL THERAPY

LEARNING OBJECTIVES:

- To understand the process of viral replication and the action of ART
- To identify factors that can affect adherence to antiretroviral regimens

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, power point slides, masking tape, projector, sample referral forms, computer and public address system.)

PROCEDURE:

Activity	Time Allotted	Method
1. Introduce yourself and state the objectives of the session	2 mins	Discussion
2. Ask participants what they understand by ART. Write their responses on the flipchart. Discuss the answers and make clarifications.	5 mins	Brainstorming, discussion
3. Ask participants to discuss the uses of ART. Record responses on the flip chart.	5 mins	Brainstorming, discussion
4. Ask participants the benefits ART.	5 mins	Brainstorming, discussion
5. Allow questions from participants	5 mins	Brainstorming, discussion
6. Summarise the session and emphasise on the benefits and practical challenges of ART	3 mins	Lecturette/ Discussion
REFER PARTICIPANTS TO TRAINEES' MANUAL AND EMPHASISE THE IMPORTANCE OF MAKING REFERRALS.	3 mins	Exercise/Discussion

SESSION 3

TOPIC: ADHERENCE COUNSELLING

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

- Discuss ARV adherence
- Define adherence counselling
- Identify and discuss barriers to adherence
- Identify who should receive adherence counselling

TIME: 30 minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system.

PROCEDURE:

ACTIVITY	Time Allotted	METHOD
1. Introduce yourself and state the objectives of the session.	2 mins	Presentation
2. Ask participants for their understanding of adherence counselling.		
3. Use the prepared slides/flip charts to explain the key elements of adherence counselling.	5 mins	Brainstorming, Discussion
4. Allow for questions from participants	15 mins	Lecturette
5. Summarize the session by highlighting key issues adherence counselling.	5 mins	Discussion
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION	3 mins	Lecturette

SESSION 4:

TOPIC: HOME-BASED CARE

OBJECTIVES:

At the end of this session, participants will be able to:

- To understand the background and scope of home-based care as a methodology in the management of HIV/AIDS
- To understand the objectives of home-based care
- To understand the special counselling requirements in the spectrum of home-based care services
- To understand the outcomes of home-based care in our society

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system.

PROCEDURE:

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants brainstorm and discuss the background and scope of home-based care as a methodology in the management of HIV/AIDS	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around HIV risks of different categories of MARPs	4 mins	Lecturette
4. Allow for questions from participants	3 mins	Discussion
5. Initiate a discussion on the rationale and meaning and objectives of HIV/AIDS home-based care	3 mins	Discussion
6. Summarize the session by highlighting key issues around HIV/AIDS home-based care	2 mins	
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION		

SESSION 5:

TOPIC: COUNSELLING FOR THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

- Understand the aims of pre- and post-test counselling for pregnant women.
- Identify the concepts and impart the skills needed to provide effective counselling to women and their partners for prevention of mother-to-child transmission (PMTCT).

TIME: 30 minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system.

PROCEDURE:

ACTIVITY	Time Allotted	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants for their understanding of PMTCT	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the key elements of PMTCT.	5 mins	Lecturette
4. Allow for questions from participants	5 mins	Discussion
5. Explain to the trainees the guiding principles for PMTCT	3 mins	Discussion
6. Initiate a discussion on issues to be considered under PMTCT: Breastfeeding	4 mins	Lecturette
7. Discuss the approaches to HCT in PMTCT contexts	4 mins	Discussion
8. Summarize the session by highlighting key issues PMTCT.	2 mins	

SESSION 6:

TOPIC: COUNSELLING ISSUES RELATED TO HIV-STI CO-INFECTION

LESSON PLAN

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

- Provide information about different types of sexually transmitted infections (STIs) prevalent in Nigeria
- Discuss with clients the interrelationship between STI and HIV infection,
- Stress and demonstrate the correct use of condoms
- Identify some common signs of STIs

TIME: 30 minutes

MATERIALS:

- Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system.

PROCEDURE:

ACTIVITY	Time Allotted	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants for their understanding of STI-HIV infection link	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the interrelationship between STI and HIV infection,	8 mins	Lecturette
4. Allow for questions from participants.	5 mins	Discussion
5. Initiate a discussion on issues around the mode of transmission of STIs	3 mins	Lecturette
6. Explain to the trainees the guiding principles and demonstrate the correct use of condoms	3 mins	Lecturette
7. Summarize the session by highlighting key issues STI/HIV co-infection.	3 mins	Discussion

SESSION 7:

TOPIC: HTS AND FAMILY PLANNING

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

- Appreciate reproductive health rights of clients accessing HTS
- Describe benefits of family planning in the context of HIV

TIME: 30 minutes

MATERIALS:

- Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system.

PROCEDURE:

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2 mins	Presentation
2. Ask participants for their understanding of reproductive health rights of clients who access HTS services	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around reproductive health rights of clients who access HTS services	15 mins	Lecturette
4. Allow for questions from participants	5 mins	Discussion
5. Initiate a discussion on issues around the why it is essential to talk about family planning and HTS?	3 mins	Discussion
6. Explain to the trainees the benefits of family planning in HIV context	2 mins	Lecturette
7. Summarize the session by highlighting key issues around family planning and HTS REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION	2 mins	

SESSION 8:

TOPIC: GROUP INFORMATION-GIVING

OBJECTIVES:

At the end of this session, participants will be able to:

- Define the concept of Group Information Giving
- Itemize the guidelines to be followed when providing group information on HTS
- Discuss the procedure to be followed when conducting a group information-giving

TIME: 20 minutes

MATERIALS:

- Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system.

PROCEDURE:

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants for their understanding of what pre-test group information giving is	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around pre-test group information giving	5 mins	Lecturette
4. Allow for questions from participants	2 mins	Discussion
5. Initiate a discussion on issues around the guidelines to be followed when providing pre-test group information on HTS	3 mins	Discussion Lecturette
6. Explain to the trainees the procedure to be followed when conducting a pre-test group information-giving	2 mins	Discussion

SESSION 9:

TOPIC: COUNSELLING HIV INFECTED CHILDREN

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

- Explain the importance of counselling children for HIV
- Describe the principles of counselling children for HIV.
- Explain barriers that affect communication with children.
- Identify the challenges in counselling children.
- Demonstrate the necessary attitudes and skills for communicating with and counselling children.
- Discuss disclosure of HIV status

TIME: 30 Minutes

MATERIALS:

- Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system. **PROCEDURE:**

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants for their understanding of why counselling children is important	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around counselling children	6 mins	Lecturette
4. Allow for questions from participants	5 mins	Discussion
5. Initiate a discussion on issues around the general principles for counselling children:	5 mins	Lecturette
6. Explain to the trainees the possible barriers in communicating with children	4 mins	Discussion
7. Summarize the session by highlighting key issues around counselling children		

SESSION 10:

TOPIC: COUNSELLING ADOLESCENTS AND YOUNGPERSONS IN HTS CONTEXTS

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

- Appreciate the importance of HTS for adolescents and AYP
- Discuss the modalities of HIV services testing for adolescents and young people
- Understand specific counselling skills that can be used with adolescents and young people

TIME: 30 minutes

MATERIALS:

- Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system. **PROCEDURE:**

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session. Ask participants for their understanding of why counselling adolescents and young people (AYP) is important	2mins 5 mins	Presentation Brainstorming/Discussion
3. Use the prepared slides/flip charts to explain the issues around AYP counselling in HIV/AIDS context	8 mins	Lecturette
4. Allow for questions from participants	5 mins	Discussion
5. Initiate a discussion on issues around psychosocial characteristics of youth that may be barriers to the provision of HTS	3 mins	Lecturette
6. Explain to the trainees the support that may be required for young people during pre-and post-test counselling	3 mins	
7. Summarize the session by highlighting key issues around AYP HIV Testing services		

MODULE 4: HTS IN COMMUNITY-BASED CONTEXTS

SESSION 1 : FUNDAMENTALS OF COUNSELLING FOR KEY POPULATION (KP) AND VULNERABLE POPULATION

OBJECTIVES:

At the end of this session, participants will be able to:

- Understand why there is a need for special considerations for key population and vulnerable population.
- Explain how to provide KP -friendly HTS for key population and vulnerable population
- Describe key areas that should be addressed in a risk-reduction counseling session with KP clients.
- Describe different ways for engaging key population and vulnerable population in sexual-health services

TIME: 30 minutes

MATERIALS:

- Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Initiate a brainstorming session by asking the participants for their understanding of the category of clients referred to as key population and vulnerable population	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around HTS for key population and vulnerable population	7 mins	Lecturette Discussion
4. Allow for questions from participants	5 mins	Discussion
5. Initiate a discussion on issues around special considerations and strategies for HTS for different categories of key population and vulnerable population	3 mins	
6. Summarise the session by highlighting key issues around HTS for key population and vulnerable population	4 mins	

SESSION 2:

TOPIC: VALUES AND VALUE CLARIFICATION IN WORKING WITH KEY POPULATION (KP) AND VULNERABLE POPULATION

OBJECTIVES:

At the end of this session, participants will be able to:

- Understand and explore diversity as it affects the key population and vulnerable population
- To know why values and value clarification is important in counseling relationship with key population and vulnerable population

TIME: 30 minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides
projector and computer and public address system

PROCEDURE:

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants for their understanding of what values are	4 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around values and value clarification and why they are important in HTS relationship with key population and vulnerable population	7 mins	Lecturette
4. Allow for questions from participants	3 mins	Discussion
5. Initiate a discussion by listing some value statements and encourage the participants to react to them	3 mins	Lecturette
6. Summarise the session by highlighting key issues around	4 mins	

values and value clarification in HTS with key population and vulnerable population		
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION		

SESSION 3: SEXUAL DIVERSITY, SEXUALITY AND BEHAVIOUR

LESSON PLAN

OBJECTIVES:

At the end of this session, participants will be able to:

- Understand and explore sexual differences among humans
- Itemise and appreciate situations in which people react negatively in our society
- Adduce reasons for negative reactions to differences
- Stereotyping and Impact of sexual stereotyping on the health of key population and vulnerable population
- Itemise our roles and responsibilities and care providers for key population and vulnerable population

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides projector and computer and public address system

PROCEDURE:

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants for their		

understanding of sexual diversity	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around sexual differences among humans		
4. Allow for questions from participants	6 mins	Lecturette
5. Initiate a discussion situations in which people react negatively in our society and reasons for such negative reactions to differences	3 mins	Discussion
6. Discuss with the participants on stereotyping and potential impact of sexual stereotyping on the health of key population and vulnerable population	6 mins	Discussion
7. Summarize the session by highlighting key issues around sexual differences among humans as they relate to counseling relationship with key population and vulnerable population	4 mins	Lecturette
	2 mins	
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION		

SESSION 4:

TOPIC: TARGETED HTS INTERVENTION: INJECTING DRUG USERS (IDUS), SEX WORKERS, MEN WHO HAVE SEX WITH MEN (MSM),

LESSON PLAN

OBJECTIVES:

At the end of this session, participants will be able to:

- Identify the specific HIV transmission risk behaviours of injecting drug users, sex workers and MSM
- Appreciate the need to adapt HIV Testing Services (HTS) to the specific needs of IDUs, sex workers and MSM

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides, projector and computer and public address system

PROCEDURE:

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants to identify and discuss the specific HIV transmission risk behaviours of injecting drug users, sex workers and MSM	3 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around HIV risks of different categories of key population and vulnerable population	7 mins	Lecturette

4. Allow for questions from participants	5 mins	Discussion
5. Initiate a discussion risk-reduction counselling for injecting drug users, sex workers and MSM	3 mins	Discussion
6. Summarize the session by highlighting key issues around HIV Testing Services (HTS) to the specific needs of IDUs, sex workers and MSM	4 mins	

SESSION 6:

TOPIC: HTS IN THE WORKPLACE

OBJECTIVES:

At the end of this session, participants will be able to:

- Define the concept of HIV/AIDS work place policy.
- Develop aims and objectives of a work place policy on HIV and AIDS.
- Identify components of a work place policy.
- State steps for developing an HIV and AIDS workplace policy

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, masking tape, power point slides, projector and, computer and public address system.

PROCEDURE:

ACTIVITY	TIME ALLOTTED	METHOD
1. Introduce yourself and state the objectives of the session.	2mins	Presentation
2. Ask participants to brainstorm and discuss the rationale/justification for HIV/AIDS in the workplace	5 mins	Brainstorming, Discussion
3. Use the prepared slides/flip charts to explain the issues around HIV/AIDS in the workplace	5 mins	Lecturette
4. Allow for questions from participants	5 mins	Discussion
5. Initiate a discussion on the steps for initiating and Implementing Work place HIV/AIDS programmes	3 mins	Lecturette
6. Summarize the session by highlighting key issues around Work place HIV/AIDS programmes	4 mins	

MODULE 5. CROSS CUTTING HTS ISSUES

SESSION 1: TOPIC: SUPERVISION and SUPPORTIVE SUPERVISION FOR COUNSELLORS

OBJECTIVES:

At the end of the session, participants will be able to:

- Define supervision
- Enumerate the types of supervision
- Explain the purposes of supervision and supportive
- Explain guidelines for mentoring.
- Define quality assurance
- Identify the strategies to quality assurance

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, pens, markers, masking tape, power point slides, public address system, projector, supervisory checklist and computer

PROCEDURE:

Activity	Time Allotted	Method
1. State the objectives of the session.	2 mins	Discussion
2. Ask participants what they understand by supervision and mentoring and write their responses on the flipchart. Discuss and provide additional information	5 mins	Brainstorming/Discussion
3. Discuss the purposes of supervision and mentoring	5 mins	Discussion
4. Ask participants to list and explain different types of supervision	5 mins	Discussion
5. Discuss guidelines for mentoring	4 mins	Discussion
6. Ask participants what they understand by quality assurance for counselling and write the responses on the flipchart	5 mins	Discussion
7. Discuss quality assurance and practical steps for ensuring quality of services in HTS	2 mins	Discussion
8. Ask questions on the issues raised.		
9. Summarise the session		

SESSION 2:

TOPIC: COUNSELLOR SELF-CARE AND STRESS MANAGEMENT

LESSON PLAN

OBJECTIVES:

At the end of the session, participants will be able to:

- Define concepts
- Identify signs and symptoms of stress and burn-out
- Discuss the possible causes of stress and burn-out in HTS
- Discuss possible strategies to manage stress and burn-out related to the provision of HTS

TIME:30 Minutes.

MATERIALS:

Trainees' manual, flip chart, pens, markers, masking tapes, power point slides, public address system, projector and computer

PROCEDURE

Activity	Time Allotted	Method
1. State the objectives of the session.	2 mins	Discussion
2. Ask participants to explain their understanding of stress and burnout	5 mins	Brainstorming, discussion
3. Ask participants to enumerate signs and symptoms of stress and burnout. Write their responses on flip chart.	6 mins	Brainstorming and Discussion
4. Ask participants to mention causes of stress and burnout in relation to HTS. Provide additional information.	7 mins	Brainstorming and Discussion
5. Discuss stress management and prevention of stress and burnout	8 mins	Slides Presentation
6. Allow questions from participants	2 mins	?Discussion
7. Summarize the session by highlighting key issues on stress and burnout		Discussion
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION	3 mins	

SESSION 3

TOPIC: ETHICAL ISSUES IN HIV TESTING SERVICES

LESSON PLAN

OBJECTIVES:

At the end of the session participants will be able to:

- Define ethics and ethical codes
- Understand the importance of the 5Cs
- Understand the principles of Human Rights
- Understand Ethical Code of conduct for counsellors
- Discuss ethical dilemma for the counsellor

TIME:30 Minutes

MATERIALS:

Trainers' manual, flip chart, pens, markers, masking tape, power point slides, public address system, projector and computer

PROCEDURE:

Activity	TIME ALLOTTED	Method
1. State the objectives of the session.	2 mins	Discussion
2. Ask participants what they understand by ethics and ethical code	5 mins	Brainstorming, discussion
3. Ask participants to identify the core principles for HTS. Provide additional information	3 mins	Brainstorming, discussion
4. Ask participants what they understand by human rights. Discuss the fundamental human rights	7 mins	Brainstorming, discussion
5. Ask participants to enumerate the ethical code of conduct for HIV/AIDS counsellors HTS and write responses on the flipchart. Stress the importance of consent. Provide additional information.	5 mins	Brainstorming, Discussion
6. Ask participants to list the general ethical principles for Counsellors. Write their	8 mins	Discussion

responses on the flip chart. Discuss the principles stressing their importance.	7 mins	
7. Discuss the issues of confidentiality	6 mins	Brainstorming, discussion
8. Ask participants to discuss ethical dilemma for the counsellor and what they would do when confronted with such situations. Refer them to the Trainees' manual on ethical dilemmas and take them through the issues.		Discussion
9. Break participants into groups for exercise. Present answers at plenary		
10. Allow questions from participants and clarify any issues arising	10 mins	Group work
11. Summarise the session explaining the ethical difficulties they encountered during counselling.	3 mins	Discussion
	2 mins	Discussion
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION.		

SESSION 4
TOPIC: COMMUNITY MOBILIZATION
LESSON PLAN

OBJECTIVES:

At the end of the session participants will be able to:

- Define community and community mobilization
- Discuss the benefits and challenges of involving the community in HTS
- Discuss the community mobilization process

TIME:30 Minutes

MATERIALS:

Trainers' manual, flip chart, pens, markers, masking tape, power point slides, public address system, projector and computer

PROCEDURE:

Activity	TIME ALLOTTED	Method
1. State the objectives of the session.	2 mins	Discussion
2. Ask participants to define community and community mobilization. Provide additional information.	5 mins	Brainstorming, discussion
3. Put participants into groups to discuss the benefits and challenges of community mobilization as it relates to HTS. Points should be noted on a flip chart paper. Presentation at plenary.	10mins	Group work
4. Ask participants to list the steps in community mobilization. Provide additional information		
5. Trainer discusses principles of community mobilization		
6. Ask participants to develop a community mobilization workplan		

7. Summarise session with key messages	5mins	Brainstorming, discussion
	5mins	Discussion
	5 mins	Discussion
	8 mins	Group work Discussion

SESSION 5

TOPIC: OVERVIEW OF THE NATIONAL HTS GUIDELINES

LESSON PLAN

OBJECTIVES:

At the end of the session participants will be able to:

- Explain the importance of the National HTS guidelines in service delivery.
- Discuss the different sections of the National guidelines

TIME: 30 Minutes

MATERIALS:

Trainees' manual, flip chart, markers, masking tape, power point slides, public address system, projector, National HTS guidelines, and computer

PROCEDURE:

Activity	Time Allotted	Method
1. state the objectives of the session	2 mins	Discussion
2. Ask the participants to discuss the importance of the national HTS guidelines	6 mins	Discussion
3. Outline and explain the main sections of the HTS		

guidelines	6 mins	Discussion
4. Allow participants to ask questions and provide clarification	6 mins	Discussion
5. Summarise the session by emphasising the importance of adhering to the guidelines in service delivery	2 mins	Discussion
DO NOT TEACH: ONLY GIVE HIGHLIGHTS OF THE GUIDELINES. PARTICIPANTS MUST BE PROVIDED A COPY EACH OF THE GUIDELINES		

SESSION 6:

TOPIC: SUICIDE RISK ASSESSMENT AND MANAGEMENT FOR PATIENTS WITH HIV/AIDS LESSON PLAN

OBJECTIVES:

At the end of the session participants will be able to:

- Understand some of the reasons for suicide and various methods of suicide
- Conduct a suicide risk assessment
- Identify the referral sources for suicidal clients
- Understand counselling issues for suicidal clients
- Apply effective management strategies for counselling a suicidal client

TIME: 30 Minutes

MATERIALS:

Trainers' manual, flip chart, pens, markers, masking tape, power point slides, public address system, projector and computer

PROCEDURE:

Activity	Time taken	Method
1. state the objectives of the session.	2 mins	Discussion
2. Initiate discussion with participants on their understanding of some of the reasons for suicide and various methods of suicide	5 mins	Brainstorming, discussion

3. Ask participants to enumerate the procedure for suicide risk assessment Write the responses on the flipchart. Provide additional information.	5 mins	Brainstorming, Discussion
4. Discuss the important issues to focus on when counselling issues for suicidal clients	8 mins	Brainstorming, discussion
5. Allow questions from participants and clarify any issues arising therefrom	3 mins	Discussion
6. Summarize the session explaining the difficulties they could encounter during suicidal clients counselling sessions.	5 mins	
REFER PARTICIPANTS TO THE TRAINEES' MANUAL FOR FURTHER INFORMATION.		

SESSION 7:

TOPIC: LOGISTICS MANAGEMENT

OBJECTIVES:

At the end of the session, participants will be able to:

- Define and explain Logistics Management for HTS
- Understand the goal of .logistics system
- Discuss the components of HTS Logistics Management
- Understand the right storage conditions for test kits
- Fill the different HTS Logistics Management tools
-

TIME: 1 hour

MATERIALS:

Trainees' Manual, HTS Logistics Management forms and registers, power point slides, overhead projector and transparencies, flip chart, markers, masking tape, computer and LCD (where available)

PROCEDURE:

Activity	Time Allotted	Method
1. Introduce yourself and state the objectives of the session.	2 mins	Discussion

<p>2. Ask participants what they understand by Logistics Management for HTS and its importance. Record responses on the flip chart and provide additional information.</p> <p>3. Explain the goal of logistics system to the participants</p> <p>4, Explain the logistics cycle, its components and the rights of logistics citing examples</p> <p>Explain each Logistics Management tools to the participants and how they are expected to use them. Encourage participants to make notes about the Tools as they appear in their copy of HTS guideline.</p> <p>4. Discuss with the trainees how they are expected to fill bi-monthly,/quarterly CRRIF. Explain how completed CRIRRF can be collated to facilitate report writing</p> <p>5.Put participants through the process of knowing their stock level rate of consumption and month of stock using simple calculation.</p> <p>6. Discuss the storage procedures for HTS commodities with emphasis on FEFO principles</p> <p>7. Distribute and allow the participants to practise the use of the HTS Logistics Management tools</p> <p>8. Ask participants for comments on the use of the LMIS Tools. Provide additional information (Feedback from the exercise)</p> <p>9. Summarise the session.</p>	5 mins	Brainstorming, Lecturette and discussion
	3mins	Lecturette/Discussion
		Discussion
	10 mins	
	7 mins	Discussion
		Lecturette/Discussion
	7 mins	Exercise
		Discussion
	6 mins	
	6 mins	
	5 min	
	2 Mins	

SESSION 8:

TOPIC: MONITORING AND EVALUATION (M & E)

OBJECTIVES:

At the end of the session, participants will be able to:

- Define M & E and explain its importance in HTS.
- Discuss the components of HTS M&E including reporting mechanisms
- Fill the different HTS M & E tools
- Describe the M & E indicators for HTS.

TIME: 2hrs

MATERIALS:

Trainees' Manual, HTS M & E Tools, power point slides, overhead projector and transparencies, flip chart, markers, masking tape, computer and LCD (where available)

PROCEDURE:

Activity	Time Allotted	Method
1. Introduce yourself and state the objectives of the session	2 mins	Discussion
2. Ask participants what they understand by M & E and its importance. Record their responses on the flip chart and provide additional information	5 mins	Brainstorming, Lecturette and discussion
3. Explain each M & E tools to the participants and how they are expected to use them. Encourage participants to make notes about the tools as they appear in the HTS guidelines	8 mins	Lecturette/Discussion
4. Discuss with the trainees, how they are expected to write monthly, /quarterly and /annual reports. Explain how completed forms can be collated to facilitate	10 mins	Discussion

report writing		Discussion
5. Discuss the reporting mechanism for HTS M & E	8 mins	Lecturette/Discussion
6. Discuss the National HTS indicators		Exercise
7. Distribute and allow the participants to practice the use of the HTS M & E Tools (This activity should be done for 30mins)	8mins	Discussion
8. Ask participants for comments on the use of the tools . Provide additional information (Feedback from the exercise)	3mins	
9. Summarise the session.		

MODULE 6: HIV DIAGNOSTICS

TOPIC: HIV DIAGNOSTICS

CURRICULUM OVERVIEW







This training package has been adapted to be more prescriptive, with emphasis on hands-on activities and the use of simple and practical tools and approaches to complete the quality assurance cycle and ensure the accuracy of testing. This curriculum contains an Introduction section, 11 training sessions for 2 full days and third day for field practical. The proposed agenda below lists the segments in the curriculum and estimated time requirement for each activity including practical aspects.









OBJECTIVES:

At the end of the session participants will be able to:

- Give an overview of HIV Diagnostics and define relevant terms
- Give examples of Programmes using HIV Diagnostics
- Describe the equipment required for HIV Diagnostics and identify relevant Supplies and Kits needed for HIV Diagnostics
- Know the importance of safety at Test Sites and describe the importance of assuring quality of HIV Diagnostics
- Demonstrate the procedure for blood collection using finger prick or other blood collection methods safely and correctly.
- Demonstrate the process of HIV Diagnostics including interpretation of results
- Demonstrate good understanding of medical waste management

TERM	USE
Handout	Provides information participants need during an activity
Worksheet	For use by participants during an activity to record their answers
Job aid	Provides tips, guidelines, and checklists participants can use back at work
Tool	Serves as a physical sample of a document or provides additional activity information to assist the facilitator in conducting the activity



ICON	USE
	Indicates PowerPoint slides are used; slide numbers are referenced following the icon
	Indicates a lab session. PPE should be properly used and procedures followed
	Indicates group activity
	Denotes a data management activity
	Indicates an activity with a checklist
	Suggests an overnight assignment


Activities	Purpose	Time	Worksheets/ Handouts	Resources
1.1 Components of Quality Assurance  	Maintaining quality at a testing site will result in accurate and reliable test results, which are essential to all aspects of a client's care and treatment. In this activity, participants will define terminology associated with quality assurance.	45 min	N/A	PowerPoint slides: 4-8 Flipchart Markers Flash cards – terms and definitions Flip chart
1.2 Identifying Errors Throughout the Testing Process  	Quality assurance is applied throughout the testing process at all testing sites. Ensuring the quality of testing is not a one-time event. This is a continual process encompassing multiple activities associated with each phase of testing. This activity focuses on how to detect and prevent errors throughout the testing process.	45 min	N/A	PowerPoint slides 9 to 14 Flipchart Markers Flash cards
1.3 Factors Contributing to Quality  	To ensure the quality of HIV testing, you need to look at all the activities, direct or indirect, that may contribute to quality. In this activity, participants will identify positive and negative factors that affect quality of testing and which component of quality assurance they refer to.	45 min	N/A	PowerPoint slides: 16-26 Flipchart Markers Cabbage ball
1.4 Completing the Quality Cycle  	Quality Assurance encompasses all activities that are fundamental to ensuring the client receives accurate and reliable results. The type of activities implemented are critical to maintaining the quality of HIV rapid testing; however it is also important that the cycle of quality is complete	30 min	N/A	PowerPoint slides: Quality Assurance Activity 5.4 slides Flipchart Timer

		(i.e. from design and development to providing corrective actions)			Markers
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Session 1. Quality Assurance Cycle for HIV Rapid Testing


Session 2. Overview of HIV Rapid Testing

Activities		Purpose	Time	Worksheets /Handouts	Resources
2.1	Basic terms and definitions for HIV rapid testing 	Basic understanding of terminology will help understand the principle of the HIV rapid testing methodology. In this activity, participants will define HIV terminology associated with rapid testing.	40 min	NA	Flash cards – terms and definitions
2.2	Following the correct testing procedure 	In order to get an accurate and reliable test results, it is very essential to follow correct test procedures the same way each time. In this activity, participants will gain knowledge on the order of the correct testing procedures and interpretation results for HIV rapid tests.	75 min	2.2W1 – Paste job aides puzzle in correct testing order	Pre-cut pieces of job aides
2.3	Workstation set-up, familiarizing with testing supplies and performing HIV rapid testing	An organized and clutter free workstation is safe and appropriate for testing. Additionally, proper understanding of each testing procedure and different supplies will allow each participant to perform a test with confidence. In this activity the following will be conducted: <ul style="list-style-type: none"> Organize workspace 	2 hrs 35 min	2.3W1 – Quality Control Log 2.3W2 – Worksheet Recording Incubation Time 2.3H1 – Job	Testing supplies


		<ul style="list-style-type: none"> • Understand different supplies • Test known samples (positive and negative control) on a given rapid test 		Aide Test 1 2.3H2 – Job Aide Test 2 2.3H3 – Job Aide Test 3 2.3H4 – Job Aide Test 4	
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Session 3. Safety at HIV Testing Sites

Activities		Purpose	Time	Worksh eets/Ha ndouts	Resources
3.1	Safety in-a box 	Laboratory safety begins with proper knowledge/use of safety supplies and will ensure our safety and those around us. Safety equipment allows for a better safeguard for both the testers and the patients. This activity will allow participants to identify safety supplies and their proper use at HIV testing site	30 min	N/A	Box containing PPE and other safety equipment common to HTC settings.
3.2	Identifying unsafe practices 	Basic understanding of safe laboratory practices will ensure the safety of lab & health workers as well as counselors; however, knowledge of good laboratory practices does not always result their proper implementation. In this activity, we will define Universal Safety Precautions and steps to take to protect ourselves and those around us.	35 min	N/A	Option 1 PowerPoint 2 slides 2-8 (Photos) Option 2 PowerPoint 1 slides: 12-18
3.3	Assessing and responding to	Safety is a primary concern when dealing with blood or bodily fluids. In this activity, we will define what	30 min	Worksheet 3.3W1 –	Spill box Lancets/Ne



	safety incidents 	a bio-hazard is and steps taken in the event of a bio-hazard spill and other safety incidents that may happen at the HIV testing site. Through role plays, participants learn to assess, document, correct and follow-up safety incidents.		Incident Report Form	edles Mock specimen
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Session 4. Specimen Collection, Storage and Handling






Activities		Purpose	Time	Worksheet s/Handout s	Resources
4.1	Practice using a specimen collection device 	To provide the participants with necessary knowledge and skills to use a specimen collection device efficiently to collect blood specimens	25 min		Specimen collection device (i.e. transfer pipette, capillary tube, loop, etc.) Small containers of colored PBS/saline buffer PPE Bio-hazard waste container
4.2	Practice finger-prick collection and storage	All tests have specific requirements for sample type and volume. Collection of right amount of required sample is very critical. In this activity, you will learn the following: <ul style="list-style-type: none"> • how to perform a finger prick, • collect the right amount of whole blood for rapid 	1hr 5 min		Flipchart Job aid Supplies required for finger prick (Lancets, pipette, cotton wool, alcohol swabs/alcohol) PPE Bio-hazard waste container


		testing <ul style="list-style-type: none"> • Learn how to prepare for finger prick and venous draw. 			
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Session 5. HIV Rapid Testing Algorithm

Activities		Purpose	Time	Worksheet s/Handouts	Resources
5.1	Interpreting HIV Status based on a Testing Algorithm 	Testing Algorithm describes the sequence of tests to be performed. An HIV positive status should be based upon the outcome of 2 or more tests. In this activity, participants will learn how to determine a patient's HIV status based on a serial or parallel algorithm using different testing scenarios.	25 min	N/A	PowerPoint slides: 4-8
5.2	Performing HIV rapid testing based on country specific algorithm 	Testing Algorithm describes the sequence of tests to be performed. An HIV positive status should be based upon the outcome of 2 or more tests. In this activity, participants learn how to determine a patient's HIV status based on a serial or parallel algorithm using different rapid tests. In this activity all participants will perform HIV rapid testing based on country specific algorithm	1 hr 40 min	5.2 W-1 Results Recording Form	




Session 6. Overview of Record Keeping

Activities		Purpose	Time	Work sheet s/Handouts	Resources
6.1	Design a Standardize HIV logbook 	HIV test registers are often designed for inventory purposes and do not adequately capture key quality assurance elements. This has presented a significant challenge in identifying problems and targeting areas for improvement. This activity aims to identify important QA elements to be included in HIV test registers.	30 min	N/A	Flip chart and markers
6.2	Enter Data in a Standardized HIV logbook  	A standardized logbook is an ongoing quality assurance monitoring tool. Relevant testing information is not always captured accurately or consistently in the logbooks. This activity will focus on how to accurately document HIV testing information in a standardized logbook.	35 min	6.2W 1- Logbook Page 6.2H1 - Data Entry examples	PowerPoint slides 1: 8-12 PowerPoint slides: Logbook Activity 6.2 slides 2-7 Laminated logbook page (enhanced size) Markers
6.3	Identify Errors in a standardized HIV logbook  	A standardized logbook is an ongoing quality assurance monitoring tool. Relevant testing information is not completely captured in the registers. To recognize common errors that may be detected while reviewing HIV registers.	30 min	6.3H1 - Completed logbook page examples	PowerPoint slides: Logbook Activity 6.3 slides 2-11 Flipchart Markers

				6.3W 1- Logbo ok data revie w	
6.4	<p>Review the Agreement Rate Between Two Tests</p> 	<p>The page totals at the bottom of each logbook page allows the monitoring of the test performance by determining the agreement rate between the first and second test in the national testing algorithm. This activity aims to aggregate logbook testing data into a monthly summary report, analyze the data manually and identify any issues based on the agreement rate.</p>	2 hrs 10 min	<p>6.4H1 - Five Comp leted Logbo ok Pages</p> <p>6.4W 1- Mont hly Sum mary Repor t</p> <p>6.4W 2- Logbo ok Data Analy sis and Revie w</p> <p>6.4W 3- Asses smen t of Agree ment</p>	<p>PowerPoint slides: 13-17</p> <p>Calculator</p>


				Rate	
6.5	Logbook Data Management 	Standardized logbooks have been implemented in numerous countries as an ongoing QA monitoring tool. However, data management has become a huge bottle neck which prevents sites from receiving feedback and implementing corrective actions in a timely manner. This activity will focus on how to use the Data Analysis and Quality Assurance Tool to analyze logbook page total data.	2 hrs	6.5W 1- 5 Monthly Aggregate Logbook Page Totals	PowerPoint slides: 18-21 Data Analysis and Quality Assurance Tool Computer/Tablet

Session 7. Introduction to Dried Tube Specimen




Activities	Purpose	Time	Worksheets/Handouts
7.1 Introduction to DTS 	Dried Tube Specimen (DTS) samples are a practical alternative to other liquid or dried blood spot (DBS) specimen types commonly used for proficiency testing (PT). This presentation is to provide participants with an introduction to the country's proficiency testing program and dried tube specimen (DTS) technology.	30min	
7.2 Testing panels DTS 	Every DTS PT panel is distributed to testing sites with DTS Testing Instructions and a DTS Results Form included. This activity will focus on how end users will process the DTS panel upon receipt.	3 hrs 45 min	7.1H1- DTS Job Aide 7.1H2- DTS Testing Instruction 7.1 W1- DTS Results Form
7.3 DTS PT Data Entry and Analysis 	Dried Tube Specimen (DTS) samples are a practical alternative to other liquid or dried blood spot (DBS) specimen types commonly used for proficiency testing	2 hrs 20 min	7.2H1- Dataset 7.2 H2- Sample Report



		(PT). Every DTS PT panel is distributed to testing sites with DTS Testing Instructions and a DTS Results Form included. This activity will demonstrate to participants how to manage and analyze the type data typically collected in a DTS PT program.		
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Session 8. Professional Ethics




Activities		Purpose	Time	Worksheets/Handouts
8.1	Examples of Ethical Conduct 	The intent is to provide the context and examples of the ethical dilemma that participants will likely face on their job. These examples will help them better grasp the abstract concept of ethics and facilitate discussions around their role as Q-Corps volunteers.	35 min	N/A



Session 9. Site Assessments

Activities		Purpose	Time	Worksheets/Handouts
9.1	Review SPI-RT Checklist   	The Stepwise Process for Improving the Quality of HIV Rapid Testing (SPI-RT) checklist for use in HIV-related testing is primarily intended for use as a guide to assist and promote consistency in the application of quality management systems to improve healthcare services in resource-constrained settings and in low and middle-income countries. This activity will focus on how to complete the SPI-RT checklist and submit audit findings to MOH.	2hr 30 min	SPI-RT Checklist
9.2	Conducting a site assessment using the SPI-RT Checklist	Once the SPI-RT checklist is reviewed it is very important to perform the assessment at few sites that is performing HIV rapid testing. In this activity, an audit will be	2 hrs	SPI-RT Checklist 9.2W-1 Inspect Summation Report

		performed by the participants using the standardized SPI-RT checklist.		
9.3	Site assessment Summary report 	The summary report is a critical part of the site assessment as it allows describing best practices and outlining weakness and areas for improvement. This activity is an independent activity for all inspectors to provide a summary of their audit findings.	Overnight (to be submitted the following day)	9.3W-1 Site assessment summary report 9.3W-2 Multiple Assessment Data Analysis

Session 10. Monitoring and Evaluation Tools

Activities		Purpose	Time	Worksheets/Handouts
10.1	Review RTCQI Monitoring and Evaluation Assessment Checklist  	The Quality Improvement (QI) Initiative is a comprehensive approach to HIV rapid test quality assurance that addresses key areas of HIV rapid testing. This checklist will help gather baseline data of the key areas identified for this initiative serve to develop framework for strategic planning and work plans and determine timelines and budgets. In addition, the checklist will allow monitoring the progress throughout the implementation of activities related to the key QI areas. This activity will focus on how to complete the baseline assessment checklist.	1hr	RTCQI- M&E Assessment Checklist
10.2	Conduct a site assessment using the RTCQI Monitoring and Evaluation Checklist 	Once the RTCQI-Assessment Checklist is reviewed it is very important to perform the assessment at few sites that is performing HIV rapid testing. In this activity, an audit will be performed by the participants using the standardized RTCQI-M&E Assessment Checklist.	2hr	RTCQI-Assessment Checklist Summary Report

10.3	Site assessment Summary report 	The summary report is a critical of the site assessment as it allows describing best practices and outlining weakness and areas for improvement. This activity is an independent activity for all inspectors to provide a summary of their audit findings.	Overnight	Site assessment summary report
10.4	Indicator Reporting Tool 	The RTCQI indicators are developed to help monitor the implementation of activities and to demonstrate progress in strengthening country capacity to improve the quality of HIV testing. These indicators will help assess processes, outcomes and impact. The aim of this activity is to learn how to use the indicator reporting tool and understand how the data will impact programs overall.	1 hr	N/A

TOPIC: SUPERVISED PRACTICAL ASSESSMENT

OBJECTIVE:

At the end of the session participants will be able to:

- Demonstrate ability to provide HTS services using the National HTS protocol

TIME: 3 Hours

MATERIALS:

Trainees' manual and National HTS guidelines

PROCEDURE

Activity	Time Allotted	Method
1. Make arrangements with facilities for this practical well in advance and agree on the logistics implications		

2. Make the supervision arrangements prior to this day so that the facilities are aware that participants will be visiting.		
3. Participants should be transported to the facilities for both days after which they prepare a report according to the provided guidelines from the theoretical session.		

FEEDBACK FROM SUPERVISED PRACTICAL ASSESSMENT

OBJECTIVES:

At the end of this session, participants will be able to:

- Outline key lessons learned from the experience in the field
- Discuss some of the challenges faced and how they were handled.
- Draw up individual work plans for the 2 months (Supervisory Counsellors) and 3 months (basic HTS Counsellors) practical experience..

TIME: 1 hour

MATERIALS:

Trainees' manual and national HTS guidelines

PROCEDURE

Activity	Time Allotted	Method
1.Introduce yourself and the objectives of the session.	5 mins	Discussion
2.Using a prepared reporting schedule and time-keeper, allow each participant 10 minutes to present their reports and experiences in the field.	depending on	Presentations and discussions Report and

<p>3.Field supervisor to give feedback on the performance of trainees.</p> <p>4. Wrap up discussions by recapping the need to use protocol, follow guidelines and seek guidance from experienced Counsellors</p> <p>5.Discuss way forward with participants with regards to the internship period, and the examination and certification process</p>	<p>participants</p> <p>1 hr</p> <p>35 mins</p>	<p>Discussion</p> <p>Discussion</p> <p>Discussion</p> <p>Speech</p>
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SESSION 11:

TOPIC: BLOOD SAFETY AND VOLUNTARY BLOOD DONATION

OBJECTIVES:

At the end of this session, participants will be able to:

- Understand blood safety norms concerning blood donors
- Understand the importance of pre-donation counselling for all blood donors
- Understand the importance of identifying high-risk blood donors
- Understand the need to motivate HIV negative clients to become regular voluntary blood donors

TIME: 40 Minutes

MATERIALS:

Trainers' manual, flip chart, markers, power point slides, masking tape, overhead projector, transparencies, sample referral forms, computer and LCD (where available)

PROCEDURE:

Activity	Time allotted	Method
1. Introduce yourself and state the objectives of the session	1 min	Discussion
2. Ask participants why blood safety issues are important in HTS contexts. Write their responses on the flip chart. Discuss the answers and make clarifications.	5 mins	Brainstorming, discussion
3. Ask participants to discuss reasons why proper donor counselling for donor and recipient safety are imperatives. Write their responses on the flip chart. Discuss the answers and make clarifications.	5 mins	Brainstorming, discussion
4. Explain the importance of blood safety, the benefits of voluntary blood donation and the importance of identifying and excluding high risk individuals from donating blood.	15 mins	Brainstorming, discussion
	10 mins	Lecture

5. Allow questions from participants	4 mins	
6. Summarise the session and emphasise on blood safety issues and the importance in HTS REFER PARTICIPANTS TO TRAINEES' MANUAL AND EMPHASISE THE IMPORTANCE OF MAKING REFERRALS.		Discussion Discussion